Date of onsel

Date of.

### HEALTH DEPARTMENT—CITY OF BALTIMORE

(Address

CERTIFICATE OF DEATH Every item of jo 1. PLACE OF DEATH Registered No. (If death occurred In statement hospital or institution, give Its NAME Instead of street and number.) Length of residence in cits of fown where death occurred .. mos ......ds. How long in U.S. If of foreign hirth? ...... yrs ...... mos ..... (a) Residence: No .... (If non-resident give city or town and State) (Usual place of ahode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH classi 21. DATE OF DEATH (month, day, year) DEC. 23 stated EXACTI 4 Color or Race 5. Single, Married, Widowed, or Divorced (write the word) HEREBY CERTIFY. dow I attended deceased from properly C 23 fa. If married, widowed, or divorced HUSBAND of 2 193/ death is said (or) WIFE of of to have occurred on the date stated above, at 6. DATE OF BIRTH (month, day, year). The principal cause of death and related causes of If LESS than 7. AGE Years Months Days importance were as follows: it may ...hrs day,..... or .....min. venuma o 8. Trade, profession, or particular instructions OCCUPATION kind of work done, as spinner, sawyer, bookkeeper, etc ... 9. Industry or husiness in which work was done, as slik mill, saw mili, bank, etc.. 10. Date deceased last worked at 11. Total time (years) terms, this occupation (month and spent in this Other contributory causes of importance: occupation year) See 12. BIRTHPLACE (city or town) lain (State or country) important. p FATHER 13. NAME Name of operation .. home Was there au autopsy?ho 14. BIRTHPLACE (city or town) What test confirmed diagnosis? (State or country) 23. If death was due to external causes (violence) fill in also the very MOTHER following 15. MAIDEN NAME Accident, suicide, or homicide?..... ..Date of injury ...... 19 ..... information shot state CAUSE OF I OCCUPATION is v 16. BIRTHPLACE (city or town) Where did injury occur?. (State or country) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. (Address) Manner of injury 18. BURIAL, CREMATION. Nature of injury ... 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER deceased?. (Address)

BINDIN MARGIN RESERVE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1932	July 5, 1927	Peritonitis	3 days ago
EUREAU V.	is.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TOTAL PROPERTY OF THE PARTY OF	TO CHARGO E	1 140-1-1		
existence of the state of the same		1		

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT ECORD. Every item of infor-

state UPA.	SIAIE OF MARYLAND—	CERTIFICATE OF DEATH
	P. A.	108
should of OCC	County Maryuna	
0 /	Village or City operas Hales (1)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS ut		ds. How long In U.S. if of foreign birth?yrsmosds.
Y Z	2. FULL NAME Laure Raller	
PHYSICIANS act statement	(a) Residence: No. R 10 B 2 43 Sparry (Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
X A C T I	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I ettended deceased from
Aass	(or) WIFE of	
	6. DATE OF BIRTH (month, day, and year) Man 15 / 969	I last saw h elive on, 19; death Is sald
erly icat	7. AGE Years Months Drys If LESS than	to have occurred on the date stated above, etm.
stated E properly certificate.	22 8 13 lday, hrs. or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Date of onset
be lof c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lobar
	9. Andustry or business in which	(Thomas and in
should it may n back	work was done, es SILK MILL, SAW MILL, BANK, etc	11/000000000000000000000000000000000000
12 to	this occupation (month end spant in this	
AGE that ions o	year) occupation occupation	Other Contributory Causes of Importance:
so	12. BIRTHPLACE (city or town) Toffeen (desper)	
efully supplied. AGF in plain terms, so tha int. See instructions	E 13. NAME albert aller	
upp ter e in	Ε	Name of operation
y sup ain te See	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
full n pl nt.	15. MAIDEN NAME Otalia Nelson	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
- 00	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury, 19
be cal	∑ (State or country)	Where did Injuty occur?
Id h	17. INFORMANT Clelic aller Mutter	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF DI	(Address) R/Q/3:243./3 Apparamentary	
E SI	Place Bler Constant Date Ale ( 25 193)	Manner of injury
mation s CAUSE TION is	10 11 - 5 12 '00 .	Nature of injury
CA	19. UNDERTAKER Property Charles Williams (Address) 1515 M.C. Eloliscon al Bolton	24. Was disease or injury in any way releted to occupation of deceased?
T	20. FILED Alec. 28, 1931 John & Connelly Registrar.	(Signed) Flavorer P. Branner 198.
deser.	12	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PLACE OF DEATH	14050 STATE OF MARYLAND CERTIFICATE OF DEATH
County Ballinger	Registration Dist, No.
Village or City Colgate (No. Lea	Swell Correct in a hospital or institu- tion, give its NAME in- stend of street and
2FULL NAME J. P. M. Waler	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male A COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the decessed from
(Month) (Day) (Year)	August 31, 19231 to December 15, 192 31 that I last saw h imalive on December 13, 192 31 and that death occured on the date stated above, at 9304 m.
7 AGE    If LESS than   I day hrs.   da or min.?	The CAUSE OF DEATH * was as follows: Acute inflammatory rheumatism
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mas 13 ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Myocardial Insufficiency Secondary  D. B. Gronustian Va of mos 2 de (Signed) I. B. Bronushas, (M. D.
of FATHER Maryland  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
TO MAIDEN NAME  OF MOTHER  MAN AMARIAN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents)  At place In the of deathyrsmosds.  Where was disease contracted,
(Informant) Kenny J. Alvater	if not at place of death? Former or ususl residence
(Address) learrell here holgats	Carlyword beenetin De 18: , 1934
Filed/ M/6/8/192 MMbarume	H. Sander Jon on 1710 Hlat H
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

taborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Doy worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager," 'Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. For many occupations a or At Home, and children, not gainfully emyrs). For persons who have no occupation Compositor, Architect, Stationary fireman, etc. But in many (a) the kind of work and also (b) the single word or term on Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Meosles (disease inges, perilonaeum, etc., Carcinomo, Sarcomu, etc., et and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL scplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Messles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Whooping American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troin-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. volvular heart Nomenclature of the Always qualify all The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lither data is essential and must be obtained before the certificate is permanently filed.

REAU

(23)

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Disa	N.	.3	3
Registration	Dist.	No.		

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	( F		10,-11	1	1	7
Village	or Chy Keestes	score (NO	Const	The Ha	- June	f Sti
		(/				
	SELLI MARKE	VITA	BAI	ARDO		

Village or Chy Custerston (March 1970) 2FULL NAME VITO BALAR	tion, giva its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from October 2 / 193 (. to Secondary 26 , 193 / that I last saw have alive on Secondary 26 , 195 /
7 AGE  3 Cyrsmosds.   If LESS than I dayhrs. ormin.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Muchael Balanto	Contributory Secondary  Duration yrs. 6 mos ds.  Contributory Secondary  Duration yrs. mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Informant)	At place of death yrs mos ds. In the State yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence HOYS. Carolina St. Bells. Ze.  19 PLACE OF BURNAL OR REMOVAL DATE OF BURIAL
(Address) 404 5. Condin Sty.	20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER

If more blanks are needed, addre.s Ltate Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

WRITE PL

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day (b) For persons who have no occupation Stationary fireman, etc. Automobile factory. The materia But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (Recommendations on statement of cause of as fracture of skull, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronicand consequences (e. g., sepsis, etc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

tenn of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exactent of OCCUPATION is very important. See instructions on back of certificate. BINDING PERMA MARGIN RESERVED FOR 15 H UNFADING INK---THIS Every Item of information CIANS should state CAUS statement of OCCUPATION

S. No.

m ż

1	X	
2	X	
	d	/

PLACE OF DEATH	14652	STATE OF	MARYLAND
County Balting	(93-00)	CERTIFICATE	OF DEATH
		Registration I	Dist. No. 90 39
Village or City Municipal (No	a Ban	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MED	CAL CERTIFICATE O	DE DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEAT		a a
MARRIED, WIDOWED, OR DIVORCED Wilaved		14	40 , 1931
(Write the word)	17 I HERE	(Month)  BY CERTIFY, That I att	-(Day) (Year)
6 DATE OF BIRTH	12-17	192/ . to /2	-23 .8/
(Month) (Day) (Year)	that I lest sew ha	calive on	22 193/
7 AGE (Month) (Day) (Year)	and that death occ	ured on the date stated	above, at 9 2 m.
76 yrs. 5 mos. 25 ds. or min.	The CAUSE OF DE	ATH * was as follows:	
B OCCUPATION (a) Trade, profession or			•••••••••••••••••••••••••••••••
particular kind of work Housewife - relued	hour	asolili.	2-10
(b) General nature of industry business, or establishment in		(Durstion)	eks. cwf.R.
which employed or (employer)		(Durstion)	yrs de
9 BIRTHPLACE (State or country)	Contributory		My Maina
1 10 NAME OF A	D	(Daration)	yrs mos de
FATHER Joshua Nutchinis Bailar	(Signed)	2 surma	ulius M. D
O 11 BIRTHPLACE	19	(Address)	und Ing
Z (State or country)	Violent Caus s,	Disease Causing Death, state (1) Means of In al or Homieidal.	jury and (2) whether
12 Maiden Name of Mellowell	18 LENGTH OF I	RESIDENCE (For Hospit	The same of the sa
13 BIRTHPLACE	ients or Recent	Residents)	
OF MOTHER (State or country)	of deathyrs	.mosds. State	eyrsmosds
14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease of	eath?	04*4***********************************
$R_{1}$	Former or usual residence	***************************************	·········
(Informant) Muss	19 PLACE OF BUR	AL OR REMOVAL	DATE OF BURIAL
(Address) Mushitan	80.9		Dec. 24 193/
Filed 12/24/31 192 Drances Of Blake	20 UNDERTAKER		ADDRESS
Filed 1974 192 Chances Co., Olate Registrat	Wm CI	Qualcot Im	Sparks, med

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

laborer, gaged in domestic service for wages, as Sernant, (pal, Housemand, etc. If the occupation has been changed, er," etc., Spinner, should be used only when needed. As examples: a additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g. Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Tealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enen at home, who are engaged in the duties of the Foreman, to For many occupations a single word or term on Farm laborer, know (a) the kind of work and also (b) the (b) Cotton mill; (a) Salesman. (b) man, (b) Automobile factory. The without more precise specification as Day For persons who have no occupation Laborer--Coal mine, etc. Locomotive engineer, (6) material Gracery Wom-

Statement of Cause of Death—Name, first, the Discrease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); tobar pneumonia, Bronchopneumonia ("Pneumonia,")

reductus) may be stated under the head of "contributory. stated unless important. zarbalic acid—probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, Accommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train Whooping cough; Uraemia, "" "Weakness," etc., when a definite disease .... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY for malignant neoplasms); Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Nomenclature of the Always qualify all Measles; discuse; etc., or death as

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate in permanently filed.

V. S. No. 1

14053

STATE OF MARYLAND CERTIFICATE OF DEATH

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700		-40	

Village or City (No. St.: Ward) a fled at the occurred in institution, give its RAME instead of street and number.  PERSONAL AND STATISTICAL PARTICULARS  BEX		Registration Dist. No. 40
PERSONAL AND STATISTICAL PARTICULARS  3 BEX  4 COLOR ON PACE   5 SINGLE. MARRIEDO   MARR	Village or City Rafabring (No.	a hospital or institu-
BEX  A COLOR OF RACE  MINERED WIDOWED  MARKED	2FULL NAME JOSEPH STRAME	
MONTH MIDOWED COLD MINION COLD MONTH MIDOWED COLD MIDOWED	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE    Month   (Day   (Year)   192   100   192   100   192   100   192   100   192   100   192   100   192   100   192   100   192   100   192   100   192   100   192   100   192   100   192   100   192   100   192   100   192   100   192   100   192   100   192	MARRIED,	Dec / ( , 193/_
The CAUSE OF DEATH * was as follows:    The CAUSE OF DEATH * was as follows:   The CAUSE OF DEAT	Jan 13 , 1854	17 I HEREBY CERTIFY, That I attended the deceased from
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in  which employed or (employex)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER State or country)  11 BIRTHPLACE (State or country)  12 MalDen Name OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE  (Informant)  15 Filed  (Address)  16 Again Mark OF State  17 BIRTHPLACE OF MOTHER (State or Country)  (Informant)  18 BIRTHPLACE OF MOTHER (State or Country)  (Informant)  19 BIRTHPLACE OF MOTHER (State or Country)  (Informant)  10 Cartibutory Secondary  (Address)  (Informant)  10 NAME OF FATHER (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Informant)  (Address)  (Informant)  (	77 yrs. 10 mos. 28 ds. or min.?	
(Informant)  (b) General nature of industry business, or establishment in which employed or (employed)  (State or country)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (In fice of death yrs mos ds.  (Address)  (In formant)  (Address)  (Address	(a) Trade profession or	Enoue hyvearghts
Signed M. D.    Signed   M. D.	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Ryschied Winffeller
Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE  (Informant)  15 Filed /2, 13 192 / 3. F. 144 9 Opened.  16 State or Country Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  Filed /2, 13 192 / 3. F. 144 9 Opened.  DO UNDERTAKER  ADDRESS	FATHER OSEPH Trank Naumgart.	(Signed) M. D.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  (Informant)  OF MOTHER (State or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  (Address)  OF MOTHER  (In the State yrs mos ds.  Where was disease contracted, if not at place of death?  (Address)  OF MOTHER  13 BIRTHPLACE (For Hospitals, Institutions, Transsients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  OF MOTHER  14 THE ABOVE IS PRUE TO THE BEST OF MY KNOWLEDGE  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OF MOTHER  10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transsients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OF MOTHER  OF MOTHER  10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transsients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  OF MOTHER  OTHER  OF MOTHER  OTHER  OTHER	Z (State or country) Ermany.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER (State or Country) UNR NOWN.  14 THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE  (Informant) OSEPHAN DUMANIAN (Address)  (Address) Lasp Muray Male 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  (Address) Lasp Muray Male 20 UNDERTAKER  ADDRESS  Filed 12 1921 J. F. 1414 Opened		
(Informant) OSESSIA TO SALMA AND MEDGE  (Informant) OSESSIA TO SALMA AND MEDGE  (Informant) OSESSIA TO SALMA AND MEDGE  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  The Grand Salma	OF MOTHER	of deathyrsmosds. Stateyrsmosds.
(Address) Casp burg Md Tonly Jelle Emply 55 C 15; 19.31  15 Filed 12, 17, 1921 J. F. 141 4 opened 20 Undertaker  ADDRESS	1) (1) (1)	if not at place of dea.h?  Former or usual residence.
Filed 12, 13, 1921 S. F. Hy Topuch 26 - Wheel	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Truty Julle Emply \$50 15; 1931
	Filed /2. / J. 192/ S. T. 146 Torrech	200

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." 'accident; Revolver wound of head-homicide; Poisoned by inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; " "Marasmus," "Old Age," "Shock, Chronic valvular etc. The contributory Nomenclature Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING
UNFADING INK—THIS IS A PERMANENT

V. S. No. 1

	gates	3.	5a	7.	3. 5a 6. 7. NOTHER FATHER 121	12	FATHER	MOTHER	17	1	19	
				rtificate.	TION is very important. See instructions on back of certificate.	uctions o	See instr	portant.	ery im	is ve	TION	
of OCCUPA.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	d. E3	classifie	roperly	it may be p	, so that	nin terms,	TH in pla	DEA	SE OF	CAU	
should state	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	LY.	XACT	tated E	should be s	I. AGE	r supplied	carefully	uld be	ous u	pratio	. //
item of infor-	N. B.+WRITE PLAINLY, WILL UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	LV	SMANE	S A PER	NK-THIS I	DING I	UNFA	LY, WY	LAIN	TE P	TWR.	ದಾ

1. PLACE OF	DEATH	F MAR	YLAND-	CERTIFICATE OF DEATH	14054
Village or City		***		Registration Dist. No. ranch, Maryland Tuberculosist, f death occurred in a horpital or institution, give its NAME instead of atreet at s. 2 ds. How long in U.S. if of foreign birth? 62 yrs. ?	Ward number) mos
	E Emma L.		County,	Mds. (Eastern & Lowry Aves.) Ward.  If nonresident give city or town	and State
PERSONA	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	ſ
SEX Female	4. COLOR OR RACE White		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH December 8 (Month) (Day)	, 193 1 (Year)
I. If married, widowed, or divorced HUSBAND of (or) WIFE of Bergesen			sen	22. I HEREBY CERTIFY. That I attend November 6, 1931 to December	lod deceased from
DATE OF BIRTH (m	onth day and year) M	lay 23,	1867	I last saw h. er alive on December 8, 19	
AGE Years	Months	Days 15	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 8: 30P.m.	
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.			е	Pulmonary Tuberculosis	October 1929
10. Data deceased		spe	ima (years) nt in this upation	-	
2. BIRTHPLACE (city (State or countr		y		Other Contributory Causes of Importance:  Diabetes Mellitus	Oatohom
13. NAME Gus				Diadetes Wellitus	October 1929
14. BIRTHPLACE (		any		Name of operation None Date o  What test confirmed diagnosis? TDC . bacilli was there	f
15. MAIDEN NAM				23. If death was dua to external causes (VIOLENCE) fill in also the follow	ying:
	mis Schuer			(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
		Date Dec	[]	Manner of injury	
(Address)		rrson.		24. Was disease or injury in any way related to occupation of deceased?  If so, specify	No.
16. RIRTHPLACE ( (State or c 7. INFORMANT LO (Addross) 3. BURIAL, CREMATIC Placa 777 9. UNDERTAKER 7	city er town) Germ country)  iis Schuer Mount Wilse in, or REMOVAL	holz		Accident, suicide, or homicide? Data of injury  Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address) Mt. Wilson, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 2 198	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CORD. Every item of infor-PHYSICIANS should state MRITE PLAINLY, WIRE UNIFIDING HANDLING LINE STATES EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WI

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	14055
1. PLACE OF DEATH	(82-a)	3 2000
/ County .	Registration Dist. No	30
/ Village or City almoulle.	No.  f death occurred in a hospital or institution, give its NAME instead of str	St., Ward
	ds. How long in U.S.If of foralgn birth?yrs	
2. FULL NAME John a. Diaus		
(a) Residence: No. Olitz Home, Culor	sistle Ward. Calonsville	
(Usual place of abode)	If nonresident give city or to	own and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Security 21 (Month) (Day)	, 193 / (Year)
5e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of  Arm. C  Bigue	22. M I HEREBY CERTIFY That I a	4
1 5014 3 10115	Dalla, 21	
6. DATE OF BIRTH (month, day, and lear) Sept. 1843	O.A	f9./; daath is sald
7. AGE Years Months Days If LESS than f day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end ralated causes of importer	nce
88 ormin.	ware es follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, Boeygage Master SAWYER, BOOKKEPPER, atc.	arterio sclerosis	Duzeno
9. Industry or businass in which work was dona, as SILK MILL, 3		to may
SAW MILL, BANK, etc		Ruswly
this occupation (month and 1840 & spant in this occupation		
12, BERTHPLACE (city or town) Ballinova	Other Contributory Causes of infoortance:	Dee/2.
(State or country) M o		,
# 13. NAME John Briens		
14. BIRTHPLACE (city or town)	Name of operation D	Dete of
(State of Country)	What tast confirmed diagnosis? Was the	hare an auropsy? 20
55. MAIDEN NAME CLESTER THE YOUR WAR	23. If death was dua to axternal causas (VIDLENCE) fill in also tha	following:
15. MAIDEN NAME CLEAN TO THE TOTAL TO THE STATE OF THE ST	Accident, suicide, or homicida? Date of injury	, 19
∑ (State or country)	Where did injury occur?	10
17. INFORMANT Margaret Muy (Addrass) Q. (0.13. N. Cherles St.	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HDME, or in PUI	end State) BLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
Place Hondlown Dem. Date Dec 24, 1931.	- Neture of injury	
19. UNDERTAKER John H. Denny (Addiess) 7/5 Light St. Waltimore Sua	24. Was disease or injury in any way releted to occupation of dacaa	asad? No
20, FILED 12/ 19 Aldudier Registrar.	(Signed) Swykm Seffle (Addrass) 2435 Mary laws	An Bulton
If more blanks are needed, address state Registrar	2411 N. Charles Street Baltimore Requesting 7) S. No. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i i	Example II	
The principal cause of d of importance were as fd	llows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 5 1932	July 5,1927	Peritonitis	3 days ago
	BURDAU V.	7		
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

No

10

12

N. B.

-	475	Exa		
	CTLY, P!	assified.	. 61	
)	stated EXA	properly of	of certificat	
	should	t it may be	s on back o	
	Every item of information should be carefully supplied. ACE should! Stated EXACTLY, PMYS	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exa	statement of OCCUPATION is very important. See instructions on back of certificate.	
	carefully su	TH in plain t	portant. Se	
	should be	SE CF DEAT	i is very im	
	nformanon	etate CAUS	CCUPATION	
	/ Item of I	S should	ment of O	
	Every.	NA CO	state	

Filed 10/29/3

PLACE OF DEATH  County Baltimore  Village or City blundalk (No. 125 Well  2FULL NAME BLIN	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4  liams area ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE. MARRIED. Surgle. White OR DIVORCED (Write the word)	16 DATE OF DEATH LLC /2 , 198/ (Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
Stillborn   If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work	Apillbory 3/2 Mas
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)da.
(State or country) Bultimore Co. Ned.	Contributory Secondary (Duration) yrs
10 NAME OF Heury Blewline	(Signed) Norses M. J. Cellin M. D. Nec 12 198/ (Address) Whinhalk and
of Father (State or country) Balto. ned.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Darothy anna Wischhusen	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Balto. Co. Nud.	ients or Recent Residents)  At place of deathyrs
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Henry Dlemline	usual res.dence
(Address) blumbalk. Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more banks are needed, address tate Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of er," etc., Without more recall mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinalfever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Ehaustion," "Heart failure, Harmoniage, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH County Valteurose	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 433
Village or City Wellstown (No. 2FULL NAME Levrence For	St.: Ward) (If death occurred in a hospitual or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Lecuber 24th 1981  (Month) (Day) (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That 1 attended the deceased from
Dle. 2, 1906	, 192, to, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at m.  The CAUSE OF DEATH * was as follows:  Accedental Realth and less
(a) Trade, profession or particular kind of work	autowohle on Kasterston
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos., ds.
9 BIRTHPLACE (State or country) Calturere Mud  10 NAME OF FATHER FAMILIA & Road	Contributory Secondary  (Duration)  (Signed)  (Signed)  (M. D. M. D.
M 11 BIRTHPLACE	
OF FATHER (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER anna M. Warla	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Meoufaud	At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Trace (Address) 9 9/50 palding are	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Sec. 24, 19231 H Stade. Registrar	M. Jos. Sy fer 1600 W. Au
If more banks are needed, address State Registrar	, 16 W. Satatoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart Immure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping approved by Committee on Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory affection need not be valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V S No. 1

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	TECORD	rated EXACT roporly class certificate.
BINDING	WRITE PY NLY WITH UNFADING INKTHIS IS A PERMANENT ECORD	N.BEvery item of information should be carefully supplied. ACE should Estated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
ED FOR	HIS IS A	ms so the
MARGIN RESERVED FOR BINDING	ING INKT	arefully supp H in plain ter oortant. See i
MARGIN	ITH UNFAD	SE CF DEAT
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	WRITE PI	very Item of SIANS should statement of C
	(	N. B

PLACE OF DEATH  County Ballors se	14058 STATE OF MARYLAND CERTIFICATE OF DEATH
County, 10 acquired	Registration Dist. No.
-T.174 10	Olles afreake State Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME Wary ford 150	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
James While Single, Married, Wildweb. OR DIVORCED (Write the word)	16 DATE OF DEATH 750, 29, 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH  Sept 23, 1849  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931 to TE 29 1931, 1931, that I hat I hat saw has alive on ALC. 298, 1931,
7 AGE   If LESS than   I day hrs.   I day hrs.   or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry	Jungs acuts destates
business, or establishment in which employed or (employer)  9 BIRTHPLATE (State or country)  USA Kravary	Contributory Contributory Secondary  Ouration)  Ouration)
10 NAME OF FATHER WY KNOWN.	(Signed) (3). W. (Durself M.D. Alle 30 1931 (Address Telffax M.D.
OF FATHER (State or country) WIF Knevers  12 Maiden Name	*State the Disease Causing Death or, in deaths from Violent Causes, state '(1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER WILL RU ONLY	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
OF MOTHER (State or Country) UST Known	of death
(Informant) Local Burkers	if not at place of dea h?  Former or usual residence
(Address) W. Clese ofteale Janes	Sylvanial Camelony Date of Burial
15 Filed Dec 30 1931 Ht. Butter Ville Registry MM	Duns + Sins Finon MA
If more blanks are needed, address thate Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of oc-," etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomolive engineer,

Correction

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Strtement of Cause of Death—Name, first, the bisease causing death (the primary affection with respect to time and causation), using always the same accept, ed term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Example: Measles (disease Measles ;

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If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-WRITE PLAINLY, WF. UNFADING INK-THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCC

-WRITE PLAINLY, WI

1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	STATE OF MARYLAND-	CERTIFICATE OF DEATH
of info	1. PLACE OF DEATH  County Balto . Co .	Registration Dist. N
ry item NS sho nt of (	Village or City Calourable  Length of residence in city or town where death occurred	No
RD. Every YSICIA stateme	2. FULL NAME James Edward Ba  (a) Residence: No.  (Usual place of abode)	St., Ward.  If nonresident give city
PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF

1. PLACE OF DEATH	1945
County Balto, Co.	Registration Dist. No.
Village or City Calournelle	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,r	nosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME James Edward 13	awie )
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Yeah)  (Yeah)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 1 1 1 9 2 1 1 1 1 9 2	C) , to , 19
6. DATE OF BIRTH (month, day, and year)	Trast saw n ; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Date of State
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	ch o real to death
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cause of fatal shoking a renknown cut of
	Marones Cose
this occupation (month and spent in this occupation year)	
12. BIRTIIPLACE (city or town)  (State or country)  Many Laud	Other Contributory Causes of importance:
	The wast 12 haus
Ĭ O	Throat custives negative for diffitheria.
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? At the confirmed diagnosis?
15. MAIDEN NAME Catherine Crowvell  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury 19
17. INFORMANT Best Burnes.	, Where did injury occur?
(Address) Trust	
18. BURIAL, CREMATION, OR REMOVAL  Place / Lopekus Charel Date / 2-29 1931	Manner of injury
Place / topskus Charel Date / 1931	Neture of Injury
19. UNDERTAKER Frank & Agustarian V	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 1931 Belling	(Signed) marshall 3 wish, M.D.
A Registrar.	(Address) Calourulle Ind
If more blanks are negled, address Stale Registr	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	I de distribute to the time of time of time of the time of	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	The Man Figure	July 5,1927	Peritonitis	3 days ago
	BURFAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. 8. No. 1.

1

PLACE OF DEATH	STATE OF MARYLAND
County Gallemore. The fire	La de
Village or City Pikesville (No. Soldiers 2 FULL NAME Baldwin Bra	Registration Dist. No.    Home
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wioweo OR DIVORCEO (Write the world)	16 DATE OF OEATH Boc 3/ (Month) (Day) (Year)
6 OATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year)  7 AGE (11 LESS than 1 day, hrs.	that I last saw home alive on Dec 3.1 12/ and that death occurred on the date stated above, at 9-45 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry business, or establishment in which employed (or employer)	Bromoplegia (Burellon) Mugesur Enge da.
9 BIRTHPLACE (State or nountry) Louisana	Secondary Second
10 NAME OF FATHER Baldwin Bradford  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed)  Aueg , 1872 (Address)  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Unknown  13 BIRTHPLACE OF MOTHER (State or country)  Trance.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the cf death In the State, The Manual Control of the Manual Contro
(Informant) Mrs. Baldwin Bradford	If not af place of death?
(Address) 95. Prospect Pl. Gutherfard. N. J	Alexandra - Va- fan 4 , 1002
Filed fan 1 1902 D 26 hichaels -	Mm De Main Alexanders va
'if more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant. Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Heusework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foroman," "Munuger," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. applies to each and every person, irrespective of ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlkeria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," lobar pneumonia, Branchopneumonia of lungs, meninginalified. is indefinite); Tuberculosis of lungs, meninginalified.

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skell, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state means of injury and qualify as accidental to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonstis," etc. State cause fur which cause. Always qualify all discuses resulting from childetc., when a definite disease can be ascertained as the mus, genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," "Heart failure," "Haemorrhage," "Inanition," "Maraschopmeumonia (secondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Browrent) affection need not be stated unless important cough; Chronic "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uraemia," "Weakness," or miscarriage "Senile," etc.), "Dropsy," The contributory (secondary or intercurvalvular heart disease; Chronic interstitial as "Puerpenal septishaemia," Examples: Accidental drowning, Never report mere "Exhaustion,"

If the certificate is looked over thoroughly and all queetions answered in detail, it will prevent further correspond (edge, "All the data is excentral and must be obtained before the certificate is permanently filed.

32 7. S.

V. S. No. 1

N. B

PLACE OF DEATH	STATE OF MARYLAND
County Balts	CERTIFICATE OF DEATH
Village or City Oella (No. C 2FULL NAME James S.	Registration Dist. No. 30  Colla State Ward)  Ward)  Green State Ward of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WINOWED, OR DTWORCED (Write the word)	16 DATE OF DEATH SEC — 30 —, 193/ (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw hamalive on Sec 30 13/
7 AGE    If LESS than   I day   hrs.   or   min.?	The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary Secondary
10 NAME OF GAWARA Briscop  11 BIRTHPLACE OF FATHER (State or country)  12 Country  13 Country  14 Country  15 Country  16 Country  17 Country  18 Country  19 Country  19 Country  10 NAME OF Country  10 NAME OF Country  10 NAME OF Country  11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) West, Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informark) Tayrie. M. Priscoe	Former or usual residence
(Address) The state of the stat	20 UNDERTAKER VIONE Y SAN (389). Gilmon

286.64

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the (a) Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a r," etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Wornwithout more precise specification as Day For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved by Committee on Nomenclature of the atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, acsident; Revolver wound of head-homicide; diseases resulting from childbirth or miscarriage can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Chronic interstitial nephritis, Whooping (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular etc. The contributory Always qualify all heart disease; Poisoned by

If this certificate is looked over thoroughly and all questions the manyered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

PHYSICIANS should state Exact statement of OCCUPA. ORD. Every item of inforstated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING AGE should be mation should be carefully supplied. N. B.—WRITE PLAINLY, WI

V. S. No. 1

1, PLACE OF DEATH	CERTIFICATE OF DEATH 14662
County Sects.	Paristo Sin
/ Village or City (I) WISLUS	No Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	PIR /
2. FULL NAME Frank Cliner	Brooks'
(a) Residence: No. 6 g 5 7 Nov do Es Gur (Usual place of abode)	St., Ward. Baltimore So. (Ameslie) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed) or divorced	21. DATE OF DEATH  December 10, 1981.  (Month) (Day) (Year)
(or) WIFE of Celizabeth Brooks	22. I HEREBY CERTIFY, That I attended deceased from April 1 1931, to December 10, 1931 1 last saw him elive on December 10, 1931; death is said
6. DATE OF BIRTH (month, day, end year) 2 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 657. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession or particular kind of work done, es SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL.	Darensoma Sof Pertured B.
SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  11. Total time (years)  spant in this occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Mans (State or country)  13. NAME OF CHANGE AS DISTORTS	Other Courioucory Causes of Importance:
14. BIRTHPLACE (city or town) Manual Williams (State or country)	Name of operation
15. MAIDEN NAME Setty Bould  16. BIRTHPLACE (city or town)  State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Mrs Colingworth Broth (Address) 600 mon document	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place I MILLO ROLL CLOCKE DEC. 3, 19. 3/	Manner of injury
19. UNDERTAKER A ALGUMA TOWN (Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILEDARIE 11 , 1931 He Selley Def Registrar.	(Signed) M.D. (Address) 6014 York Road

STATE OF MADVIAND\_CEDTIFICATE OF DEATH

11660

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example EIVED		Example II	
The principal cause of death and related causes of importance were as follows: 7 1932	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BTPRATT TO	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	A
Gallstones	May 1,1923	Gastroenteritis	1 year

Dr 21/8 0:	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Nova /	Eval Plase ass.	
J		

state

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Haltimore, Requesting V. S. No. 1.

Manuson and

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Example I		Example II	
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Arteriosclerosis JAV 4	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 yeor

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CORD X	cate.
WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT CORD N. BEvery Item of Information should be carefully supplied. ACE should instated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PLACE OF DEATH  County, Baldmare  Village or City hold Cliff (No	St.: Ward)  St.: Ward)  St.: Ward)  Aghan  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED. OR DIVORCED (Write the word) Surgle 6 DATE OF BIRTH  Teb. 3, 1849.  (Month) (Day) (Year)	16 DATE OF DEATH    The control of t
7 AGE    S 2 yrs.   0 mos. 4 ds.   or min.?	and that death occurred on the date stated above, at 1.40. P. m. The CAUSE OF DEATH * was as follows:  MANO CANALLL DELATINGSHIELD.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER James Callaguan  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER WARY Mulich  13 BIRTHPLACE OF MOTHER WARY Mulich  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) J. Many Claus	(Signed)  (Signe
(Address) North Cliff Led.  15 Filed Dac, 9 193/ J.F. H. Jonsu A. Registras	Notch Cliff Day 10, 1931 20 UNDERTAKER ADDRESS Frank G. Finh 915N. Gay St
If more b.anks are needed, addre.s tate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Flanter, tion applies to e.ch and every person, irrespective ci tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been clanged gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> leidnus) may be stated under the head of "contributory." (Recommendations on statement of cause of death inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom, Whooping cough; as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 1	4065
1. PLACE OF DEATH		(83)	- (
County Baltimos	8	Registration Dist. No.	3
Village or City Catonser	el Apres	No. We State Hospital St., death occurred in a hospital or institution, give its NAME instead of street an	Ward
Length of residence in city or town where death	occurred yrs	ds. How long In U.S. if of foreign birth?yrs	mos ds.
2. FULL NAME attila	Cabricio		
(a) Residence: No. 609 W. S	(Usual place of abode)	St., Ward. Baltmost If nonresident give city or town a	md State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Seember 74  (Month) (Day)	, 193 (Yaar)
5a. If married, widowed or divorced HUSBAND of Rose Capsu (or) WIFE of	ieo	22. Tel HEREBY CERTIFY, That I attended to Dee 7	ed deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	+ 14/1899 Days   If LESS than	1 / -	/; death is said
32 - 32 /	23   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
SAWYER, BODKKEEPER, etc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	borso	9	
0. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other Contributory Causes of importance:	(ouch
12. BIRTHPLACE (city or town) (State or country)	7	Coebal Efficin	3 day
13. NAME South C	prices	Name of operation Rome Date of	
(otate or country)	ale	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Felomina Felotico  16. BIRTHPLACE (city or town)		23. If death was dua to exteroal causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Data of Injury	
(State or country)  17. INFORMANT Rose Capricio  (Address) 60.9 27		Where did Injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Placher bathedial D	ata 12/11 ,1986	Manner of injury	
19. UNDERTAKER Seaf Rutha. (Address) 173 1 Confee	dan	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify	no-
20. FILED 19 19	Registrar.	(Signed) Later Carried (Address) Caterior La )	n. D.
If more blank	s are needed, Adress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

N. B.-

PLACE OF DEATH County Dallo	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33
Village or City Sustantion (No	St: Ward)  (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)  4 , 1879	(Month) (Day) (Year)  I HEREBY CERTIFY, That I extended the deceased from  1927 (1927)
(Month) (Day) (West)	that I last saw h/M alive on 192, 192, and that death occurred on the date stated above, at 17 m.
53 yrs. 2 mos. 20 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Typer answer cardiovassely
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Trap inos de.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duyshop) (Duyshop) (Duyshop) (da.
10 NAME OF Robert Caron	(Signed) M. D.
of Father (State or country) Mayland	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mangaret year alina	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Maylem	ients or Recent Residents)  At place In the State yrs mos. ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of death?
(Informant) Melys Shugars mal	19 PLACE OF BURIAL OR REMOVAL  Alwing M & Chester Sec 26, 1931
15 Filed 120, 26, 1931 34. 20 . SQ 15 1	20 UNDERTAIR RIVER Sund Restratour the
If more branks are needed, address State Registra	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the husiness or industry, and therefore an er," etc., whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, ..... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. Whooping approved by Committee on American Medical Association.) (Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronicvalvular heart Nomenclature of the The contributory Always qualify all etc.), "Dropsy, disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	667
1. PLACE OF DEATH	(82-6)	004
county 1 daltemore	Registration Dist. No.	0
/ Village or City Co atmende of	death occurred in a hospital or institution, give its NAME instead of street and	Ward
	ds. How long in U.S. if of foreign birth?m	
2. FULL NAME Josephine Ca	~ 0	
(a) Residence: No. 300/ Brighton	st, Ward Dello me	-
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH  Seculor 2 3  (Month) (Day)	, 193 (Yaar)
5a. If married, widowed, or divorced HUSBAND of		(111)
(Or) WIFE of Level	22. I HEREBY CERTIFY, That I attended	-
0, 1	tely 2/ ,19/4, to 8 Re 2	3, 19.3./
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	I last saw h alive on N 2 2 2 193/	_; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 9 8   ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.  SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and this propagation (month and speak in this propagation (month and spea		-
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc		
SAW MILL, BANK, etc.  1D. Data deceased last worked at this occupation (month and year) spant in this occupation occupation	Cerebral Thrombosia	1 From
On all	Other Contributory Causes of importance:	1
12. BIRTHPLACE (city or town)	00	-
	anerco-delerpis	17/2.
13. NAME Sus Garage 14. BIRTHPLACE (city or town) Mil	0.0	-
14. BIRTHPLACE (city or town)	Neme of operation	
(State of country)	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Margaret Temmons  16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOL ENCE) fill in also the following	g:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANT Mrs Eggene Morriso (Address)	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Iflus Calhella Date Ifle 28 , 193]	Nature of injury	
19. UNDERTAKER has the vario of Son	24. Was diseasa or injury in any way related to occupation of daceased?	no
20. FILED 1 1/2 195 All Shallow	(Signad) Part C. Garutt	M. D.
Registrar.	(Address) Tatonor le 1	
if more blanks are preaded, address State Registrar,	2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1, 1523	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR CORTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state GORD. Every item of infor-Exact statement of OCCUPA--WRITE PLAINLY, WAS UNFADING INK-THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B. WRITE PLAINLY, WE

Registration Dist. No.  Ward  Ward  It of institution, give its NAME instead of street and number)  It nonresident give city or town and State  CAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  REBY CERTIFY, Thet I attended deceased from  (No. 1931, to 12, 1931, to 12, 1931, to 12, 1931, to 12, 1931, to 13, 1931, to 14, 1931, to 15, 1931, to 16, 1931, to 17, 1931, to 17, 1931, to 18, 1931, to
Registration Dist. No.  Ward  Ward  If nonresident give city or town and State  CAL CERTIFICATE OF DEATH  (Month)  (Day)  REBY CERTIFY, Thet I attended deceased from the state of the stat
If nonresident give city or town and State  CAL CERTIFICATE OF DEATH  (Month)  (Day)  REBY CERTIFY, Thet I attended deceased from the company of the company
If nonresident give city or town and State  CAL CERTIFICATE OF DEATH  EATH  (Month)  (Day)  (Year)  REBY CERTIFY, Thet I attended deceased from the company of the company
If nonresident give city or town and State  CAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  REBY CERTIFY, Thet I attended deceased from the company of the
If nonresident give city or town and State  CAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  REBY CERTIFY, Thet I attended deceased from the company of the
If nonresident give city or town and State  CAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  REBY CERTIFY, Thet I attended deceased from the company of the
(Month) (Day) 193 (Year)  REBY CERTIFY, Thet I attended deceased from the control of the control
(Month) (Day) (Year)  REBY CERTIFY. Thet I attended deceased from the control of
ve on Dec 12, 1931; death is saidate stated above, at 135 a.m.
ve on Dec 12, 1931; death is saidate stated above, at 135 a.m.
ve on 193/; death is saidate stated above, at 135 a.m.
date stated above, at 35 a.m.
Or DEATH and related courses of importance
oma of buast 2400
article of the second
ses of importance:
Holan
the prumous ago
Dete of
gnosis? Laval Was there an au'opsy? 21
xternal causes (VIOLENCE) fill In also the following:
micide? Date of Injury
,
(Specify city or town, county and State) occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
•
y In any way related to occupation of deceased?
7 A. J. J.
a a a

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May1,1923	Gastroevaritis	1 year
4 7 7 7	. D	1502	
	12. 69		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

### HEALTH DEPARTMENT-

CERTIFICATE OF DEATH 1-PLACE OF DEATH REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) arown Chalk (Usual place of abode (If non-resident give city or town and State) Length of residence in city or town where death occurred How Long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (month, day, and year) wee, 3, 1931. 4 COLOR OR RACE 5 Single, Married, Wldowed, 3 SEX or Divorced, (write the word) 17 HEREBY CERTIFY. That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of that I last saw ham alive on. (1) 6 DATE OF BIRTH (month, day, and year) May, 19, 1856 and that death occurred, on the date stated above, at ...... If LESS than Months The CAUSE OF DEATH\* was as follows: I day,.....hrs or .....min. arteriosclerosis 8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work .... (duration) (b) General nature of ladustry. business, or establishment in which employed (or employer)..... (e) Name of employer ......... yrs. ..... mos. ... 18 Where was disease contracted 9 BIRTHPLACE (elty or town). if not at place of death?. (State or country) MO Date of. Did an operation precede death?. 10 NAME OF FATHER Was there an autopsy? PARENTS II BIRTHPLACE OF FATHER (city or town) (State or country) (Address) \*State the Disease Causing Death, or in deaths from Violent Causes 13 BIRTHPLACE OF MOTHER (city or town state (I) Means and Nature of Injury, and (2) whether Accidental, (State of country) Suicidal or Homicidal. (See reverse side for additional space.) 19 PLACE OF BURIAL, CREMATION OBORE DATE OF BURIAL

20 UNDERTAKER

Registrar

she..... DEA imformation s CAUSE OF I WRITE

O. Every item of IA:NS should state sat of OCCUPA-

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classified.

### REVISED UNIT CERTIFICAT D STATES STANDARD OF DEATH

[Approved by U. S. Census and American Public Health Asso.]

no occupation whatever, write None occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have on account of the DISEASE CAUSING DEATH, state pations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. work or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occuit should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day Laborer, Farm Laborer, Laborer employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; If the occupation has been changed or given up -Coal Mine, etc. Women at home, who are engaged in the duties of the household only (not occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, every person, irrespective of age. For many Statement of Occupation.—Precise statement of occupation is very important, so that the paid Housekeepers who receive a definite salbe known. The question applies to each and relative healthfulness of various pursuits But in many cases, especially industrial may be entered as Housewife, Housecan

meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia") Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aldefinite synonym is "Epidemic cerebrospinal ways the same accepted term for the same dis-Statement of Cause of Death. -Name, first the Examples: Cerebrospinal fever (the only

ia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.) "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. approved by Committee on Nomenclature of and qualify as ACCIDENTAL, SUICIDAL HOMI-CIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned quences (e. g., sepsis tetanus) may be stated under the head of "Contributory." (Recomneoplasms); Measles; Whooping cough, chronic valvular heart disease; Chronic interstitial neindefinite); Tubers Josis the lungs, meninges, peritoneum, et Carcinoma, Sarcoma, etc., of (name origin "Cancer" is less definite; avoid use of "Tumor" for (malignant the American Medical Association. mendations on statement of of the injury, as fracture of skull, and conseby carbolic acid—probably suicide. The nature mia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. toms or terminal conditions, such as "Asthencausing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere sympintercurrent) affection need not be stated un-less important. Example: Measles (disease birth or miscarriage as "PUERPERAL septice-Always qualify all diseases resulting from child phritis, etc. The contributory (secondary VIOLENT DEATHS state MEANS OF INJURY cause of death Or

SPACE FOR EURTHER STATEMENTS BY PHYSICIAN MOEIAED

ADDITIONAL

V. S. No. 1

	PLACE OF DEATH	14070 STATE OF MARYLAND
	County & alterior	CERTIFICATE OF DEATH
		Registration Dist. No. 33
1	Village or City Ourngo hulls (No.	MSLM DOIL St.: John (If death occurred in a hospital or institu-
ticat	2 FULL NAME Trances adele	Christfull tion, give its NAME in- stead of street and number.)
certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Jemale White Single OR Divorces  White (Write the word)	16 DATE OF DEATH Dec 30, 1981
gq	6 DATE OF BIRTH	(Month) (Day) (Year)
0		Dec 14 1931. to Dec 30 , 1931
lons	(Month (Day) (Year)	that I last saw her alive on Alec 30 , 193/,
not	7 AGE [If LESS than	and that death occurred on the date stated above, at 10:10 a.m.
Str	55 yrs. 7 mos. 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
듸		acute Bronchetes
99	(a) Trade, profession or allerdant, Kosewood	arteriocleron
	particular kind of work State Training (b) General nature of industry School Owings	Chronic Interstitud Weffint
an	business, or establishment in which employed or (employer) wills, and.	(Duration) Unhuman de.
ort		Contributory Brouchs - Pneumonia
mp	9 BIRTHPLACE (State or country) Baltimore Jud.	Secondary (Duration) yrs
very	10 NAME OF George S. Christhelf	(Signed) Berge ( ) welary M. D.
ග	10 11 BIRTHPLACE	Dec 30 191 (Address) Owing Duello, hu
0	OF FATHER (State or country) maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Y Y	of Mother Laura O'Llell	18 LENCTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
000	13 BIRTHPLACE OF MOTHER (State or country) Waryland	At place 2 yra 5 mos 28 ds. In the State 25 yrs. 7 mos ds.
5		Where was disease contracted, Unknown if not at place of death?
10	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
en	(Informant) George E. Christhelf	Former or usual residence manyland
Herr	(Address) Resturatorn ml	MATOGRAPT POME of Jan 13 19.37
19	Filed Clic 30 1923/ A.M. Slace - Registrar	20 UNDERTAKER A DONE ACIDENS
	If more banks are needed, address State Registra	16 W. Saratoga St., Balto., Requesting V. S. No. 1. mg/

(Approved by U. S. Census and American Public Health Association.)

laborer, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil angineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, nner, (b) Cotton mill; (a) Salesman, (b) Grocery. Foreman, (b) Automobile factory. The materia or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISEARS ("NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of telunus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of haad-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of approved as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiby Committee on Nomenclature etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Z

	PLACE OF DEATH	STATE OF MARYLAND
	County Baltimore	GERTIFICATE OF DEATH,
	Village or City Uppercesso. 17 F.P.	Registration Dist. No.  St.: Ward) (If death occurred is a hospital or institution, give its NAME in
	2 FULL NAME Victiand Thomas	stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH december 30, 1931  (Month)—(Day) (Year)
	6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on 192
וומנו מכו	73 yrs. 11 mos. 27 ds. ormin.?	and that death occured on the date stated above, at
idni. see	B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in  which employed or (employer)	Ocente delibertion of Hecal (Duration)
Todiu.	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Durstion) yrs mos de
s very	10 NAME OF FATHER Noah Scoffell	(Signed) B Berrough M. D Dac 30 1981 (Address) Erckernelle Mg
	OF FATHER  (State or country)  12 MAIDEN NAME  (OF FATHER  (State or country)	*State the Disease Causing Death, Tr, in deaths from Violent Caus. s, state (1) Means of Inflay and (2) whether Accidental, Suicidal or Homicidal.
2000	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the of death yrs mos ds. State yrs mos de Where was disease contracted,
10 111011	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Into nant) MAR Rumas Lefield	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
alater	(Address) Upperce The	Drud Redge Con 1/2.139 20 UNDERTAKER ADDRESS
4	Filed 1932 9.6, Fand Registran  If more banks are needed, address State Registran	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., Wilnum laborer, Laborer Farm laborer, Laborer state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grovery; (a) Foreman, (b) Andomobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Pealnature of the business or industry, and therefore an Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-6 yrs). For many occupations a single word or term on without more precise specification as Day arm laborer, Laborer—Coal mine, etc. Wom-Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the Discasse CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphileria (avoid use of "Croup"), abar pneumonia. Bronchopneumonia ("Pneumonia"),

American Medical Association.) "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., separite, telunius) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway brain Never report mere symptoms or terminal condicough; Chronic etc. raterular The contributory heart " Shock," diseuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate in permanently filed.

BINDING

MARGIN RESERVED FOR

N.B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be probelly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ITH UNFADING INK--THIS IS A

PLACE	OF	DEATH	
unty B			

14072

### STATE OF MARYLAND

County Ballo.	CERTIFICATE OF DEATH
	Registration Dist. No. 3 3
Village or City Reisterstown Mako. Mt. F	
2FULL NAME Mr. David Co	a market at a mount
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wilowed.  OR DIVORCED (Write the word)	December (Month) 2/ (Day) /93/Year)
6 DATE OF BIRTH  Hebruary // , 1884  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 76 /6 1931, to December, 192, that I last saw h in alive on December 21, 19231.
7 AGE [If LESS than	and that death occurred on the date stated above, at 7.30 Am.
	The CAUSE OF DEATH * was as follows:
ds. or min.?  Coccupation  (a) Trade, profession or particular kind of work  (b) General nature of industry	Pulmonary Tubevoulosi
business, or establishment in which employed or (employer)	(Duration) 3 yrs 10 mos ds.
9 BIRTHPLACE (State or country)  Russia	Contributory Secondary
10 NAME OF Max Cohen	(Signed) albert 7. Show M. D.  192 (Address) Mt Pleasant Sant
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sara turknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos,ds, In the State / Syrs. / O.mosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Balto
(Informant) SOUN Jeurs Je	Former or usual residence 2004 Baker of
(Address) 1439 & Balt	Herew Bolto. 12-11, 1931
Filed One 21 19231 Af Malastar Registrar	20 UNDERTAKER ADDRESS & Path

If more blanks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

WRITE PL

(Approved by U. S. Census and American Public Health Association.)

er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISL EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." stated unless important. approved by Committee on carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The valvular heart disease; Nomenclature of the contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the first is essential and must be obtained before the certificate is between the certificate in the certificate is between the certificate in the certificate is consistent to the certificate in the certificate is consistent to the certificate in the certificate is consistent to the certificate in the certificate in the certificate is consistent to the certificate in the certificate in the certificate is consistent to the certificate in the certificate is consistent to the certificate in the certificate in the certificate is consistent to the certificate in t

usual residence.

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

PLACE OF BURIAL OR REMOVAL

CERT	IFICA	TE O	F DE	ATH

Ward)

(If death occurred in a hospital or institution, give Its NAME in-stead of street and number.)

DATE OF BURIAL

Registration Dist. No. 4

	PERSONAL AND STATISTICAL PARTICULARS
3 5	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
4 0	ATE OF BIRTH
	July 25 ,929
	(Mghth) (Day) (Year)
7 A	ge If LESS than I day hrs. 7 de or min.?
() (i) b	CCUPATION ) Trade, profession or control of work ) General nature of industry siness, or establishment in hich employed or (employer)
9 6	(State or country) Markerel
	10 NAME OF Clevery & Coll
STN	11 BIRTHPLACE OF FATHER (State or country)  Mouleud
PARE	of Mother Kathermy & Shacker
	13 BIRTHPLACE OF MOTHER (State or country)  Mg.www.
14	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) C4 coll
	(Address) Winh was Mel

PLACE OF DEATH

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  (Nonth) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw hervalive on My 30 1923
and that death occured on the date stated above, atn
The CAUSE OF DEATH * was as follows:
artiensufurey
(Duration) yrs d
Contributory Secondary
(Signed) B (Address) Crepyfulls
*State the Disease Causing Death, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Tran- ients or Recent Residents)
At place in the of death yrs mos ds. State yrs do.
Where was disease contracted, if not at place of death?

houid be carefully supplied ACE should be stated EXACTLY, PI OF DEATH in plain terms so that it may be properly chassified. s very important. See Instructions on back of certificate.

Every item of information should be carefull CIANS should state CAUSE OF DEATH in pla statement of OCCUPATION is very important.

15

CAUSE OF PE

CORD

BINDING

FOR

MARGIN RESERVED

S. No.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm lchorer, Laborer-Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foremon, (b) Automobile factory. The material state occupation at beginning of illness. If retired from gaged in domestie service for wages, as Servant, Cook, en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, cupation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Architect, Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cercbrospina to time and eausation), using always the same aecept 1 shar pneumonia, EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Tuphoid fever (never report "Typhoid Pneumonia"); (the only definite synchym is "Epidemie cerebro Bronchopneumonia ("Pneumonia,

> atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shoek," stated unless important. Example: Measles (disease approved by Committee on telunus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., separas, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the eause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condiinterstitial ncphritis, cough; Chronic etc. valvular heart Nomenclature The contributory not be disease

perminently filed. answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate in If this certificate is looked over thoroughly and all questions

MARGIN RESERVED FOR BINDING

-6	A	6	-	18	
3	2	U	6	4	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(8)
County County	Registration Dist. No.
Village or City of arrowstown	No. O St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Still form when	us (Collins)
(a) Residence: No. 603 J	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tho word)	21. DATE OF DEATH Dec. 3/05 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF NIRTH (month day and year) Age 3103 31	, 19 , to , 19 , 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	of ill bom rugant
SAW MILL, BANK, etc	(7 mo)
this occupation (month and spent in this occupation year) occupation	
7. 1 Sh. P	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Odward Collins	
14. BIRTHPLACE (city or town) 7 C	Name of operation Date of
(State or country)	Name of operation
15. MAIDEN NAME Mie & Gaulkiner	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 70	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did Injury occur?
17. INFORMANT Annie & Collins (Address) Pagarous Pint	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL John Date Hopsain, 19	Manner of injury
19. UNDERTAKERINATom - Kaloratory	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify A Mas A
20. FILESTAN. 107, 1932 b Allemyse ? P. Registrar.	(Signed) / M. Junicell (Address) Ob arrows only

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	Example I		Example II	
The principal cause of desof importance were as followers.  Arteriosclerosis	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset  1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 6 1994	July 5,1927	Peritonitis	3 days ago
	BURTAU V.	9		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state CORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. IS A PERMANENT be properly classified. BINDING CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate. FOR UNFADING INK-THIS MARGIN RESERVED AGE should be mation should be carefully supplied. WRITE PLAINLY, W

V.S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1, PLACE OF DEATH	930
County Baltrum	Registration Dist. No.
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredrsemos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mary Crac	
(a) Residence: No. Techas Ma (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OB-DIVORCED (write the word)  Wildow	21. DATE OF DEATH  (Month) / 2 (Day)  (Year)
Jal If married, widowed, or divorced HUSBAND of (or) WIFE of Pobrit Pracy	22. I HEREBY CERTIFY, That I attended deceased from DEC, 12, 1231, to DEC 12, 1931.
6. DATE OF BIRTH (month, day, and year)	I last saw h a alive on Dad 12 , 1934; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 4. 4. 4. 4. 4. 1. The PRINCIPAL CAUSE OF DEATH and related causes of importance
/4 7 20 ormin.	were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, August Wife Casaware, BOOKKEEPER, etc.	elemon Ordani
	See beless
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Current Control of the Control of th
Sporter that he had been all the heart of th	
year) occupation occupation	Other-Coatsibutory Causes of importance:
12. BIRTHPLACE (city of lown)	Clesma Myo Cas dels
(State or country)	Usterio Selenson
13. NAME TO alkyander  14. BIRTHPLACE (city or town) Stralians	Hypertenann
14. BIRTHPLACE (city or town) Spallary	Name of operation
(State of country) & Cut Caud	What test confirmed diagnosis? Was thera an autopsy?
15. MAIOEN NAM Christing Mi Jawl  16. BIRTHPLACE (city or town) Some	23. H death was dua to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT / Cafferm ///. Ousley	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Texas Md. 18. BURIAL, OR MATION, OR REMOVAL	Manner of injury
Place Brown Canthapate DER. 14 181	Nature of injury
19. UNDERTAKER Win C. Brights	24. Was disease or injury in any way related to occupation of deceased?
(Address) Sparks Ma	If so, specify
20. FILED Dec 13, 19 3/ BR Berry Mg. Registrar.	(Signed) (Signed) M. D. (Address Sefas f Mg)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroente <b>ri</b> tis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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WRITE PI NLY, 11TH UNFADING INKTHIS IS A PERMAN-NT CORD	Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PP.	CIANS should state CAUSE CF DEATH In plain terms so that it may be properly classified.	statement of OCCUPATION is very important. See instructions on back of Dertificate.
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PHYSI-

PLACE	OF	DEAT	н
County 6	la	eto	1

13 BIRTHPLACE OF MOTHER (State or Country)

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### STATE OF MARYLAND TIFICATE OF DEATH

Registration	Dist.	No.	4	4

DATE OF BURIAL

ADDRESS Essex

County	(167) CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Middlebough (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME annie m. Co	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jerrale 4 COLOR OR RACE 5 SINGLE, MARRIED, 22 MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Lec. 16 th, 1981
6 DATE OF BIRTH	(Month) (Day) (Year)
- amery 30 1974	
(Month) (Day (Year)	that I last saw halive on, 192,
7 AGE    STATE	The date of the date stated above, at
8 OCCUPATION (a) Trade, profession or Former fe	Hunslist wound in head
(b) General nature of industry	Ducide
which employed or (employer)	(Duretion)yrs,moeds,
9 BIRTHPLACE (State or country) Balto. Co. In d.	Contributory Secondery (Durstion) yrs mos de.
10 NAME OF FATHER Ford	(Signed) Jacob Weller am Coroner M. D.
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER // MARINE MARINE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

A PEATH Was as foll	ows:		,
Sunshet w.		in h	rad
(Durstion	***********************	moe	de,
Contributory	***************************************		•••••
Signed) 1000 10 (Address) 100	Coron	27/	M. D.
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, of Injury	in deaths and (2) Wh	frem
8 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals,	Institutions,	Trans
At place of death		yrsmos.	
former or			**********

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

No. 1 σź

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH For many occupations a single word or term on yrs). without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) affection need not be Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

		PLACE OF DEATH	
		County Ballinsons	
1		14	
ate	Vil	llage or City June 18 (No.	
certificate		2FULL NAME Significan	KA
cer		PERSONAL AND STATISTICAL PARTICULAR	s
See instructions on back of	3 9	Male Color or RACE SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word)	1
n b	8 0	BATE OF BIRTH	
Suc		Month) (Day)	-(
ructi	7 A	AGE   If LE	
ins		36 yrsds. or	••••
See	(	(a) Trade, profession or Still Warker	r
tant.	b	b) General nature of industry quainess, or establishment in which employed or (employer)	
very important.	9 E	State or country)	
ery		10 NAME OF FATHER	
8 <		11 BIRTHPLACE	_
- 1	ENTS	OF FATHER (State or country)	
ATION	PARE	12 MAIDEN NAME OF MOTHER	
0000		13 BIRTHPLACE OF MOTHER (State or Country)	
of	14	(Informant) Dr Joseph Thomas	
atement		(Address) / Sparrows Pani	

(Year) If LESS than l day hrs.

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ds. or min.?

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 4/

St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in
	stead of street and

MEDICAL CERTIFICATE OF DEATH	
	1931
(Month) (Day)  17 I HEREBY CERTIFY, That I attended the dec	
that I last saw halive on	, 192,
and that death occurred on the date stated above, at	m,
Ecute alcoholism	
(Suration) yrs. mo	d.
Contributory Secondary  (Duration)  (Signed)  192 (Address)	Dde.
	ns from Whether
18 LENGTH OF RESIDENCE (For Hospitals, Institution ients or Recent Residents)	ns, Trans-
At place of death yrs mos ds. In the State yrs	nosds.
Where was disease contracted, if not at place of des.h?	
Former or usual residence	5 w 5 = = 5 = 4 <b> </b>
	, 193/
20 UN DERTAKER Duda 28/1 Huston	1

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(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, er," etc., nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) or For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; At Home, and children, without more precise specification as Day For persons who have no occupation Automobile factory. The material not gainfully em-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

THATHOMEN

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Chronic valvular heart Tuberculosis of lungs, menetc. The contributory Nomenclature of the disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more present at mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician. Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, data is essential permanently filed.

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	PLACE OF DEATH County County	
Vill	lage or City Palnew No.	
	2FULL NAME Nettice War	7
	PERSONAL AND STATISTICAL PARTICULARS	
3 5	Temple 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	20
6 E	DATE OF BIRTH	1
	(Day) (Year)	t!
7 A		a
	37 yrs. 6 mos. 15 ds. or min.?	T
	DCCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	
	STATE OF COUNTY	
S	11 BIRTHPDACE	(3
RENT	OF FATHER (State or country) Balto. Mail 12 MAIDEN NAME	Pol
PA		1
	(State or Country). Balty Co. Wd.	AOV
14	(Informant) annie Mardock.	if Fu
	(Address) Balnew Tuneis In Mar	1:

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No.

St.: Ward)	(If death occurred is a hospital or institu- tion, give its NAME in
	stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH , 192 , 193 ,
I HEREBY CERTIFY, That I attended the deceard fr
that I last saw h feelive on ode 2 9 15, 192
and that death occurred on the date stated above, at
Cerebral apollyy.
6
Contributory Secondary  (Signed)  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
At place In the of death yrs mos ds. State yrs mos where was disease contracted.
if not at place of death?  Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
mt. Indyan (em 2-2, 193
20 UNDERTAKER  LOUPE Sallow S
16 W. Saratova St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

er" etc., wire laborer, i whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruont, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The inaterial should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a For many occupations a single word or term on Or. especially in industrial employments, it is neces-At Home, and children, not gainfully emwithout more precise specification as Doy (a) the kind of work and also (b) the Laborer--Coul mine, etc. Wom-Locomolire engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

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WRITE PANLY VITH UNFADING INK-THIS IS A	.BEvery item of informat
WRITE P. NLY	N. BEvery item of information should be carefully supplied. ACE CIANS should state CAUSE OF DEATH in plain terms so that

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Ballemore	CERTIFICATE OF DEATH Registration Dist, No.
	Village or City Owing wells (No.	Ward) (If death occurred in a hospital or institu-
	2 FULL NAME many Werns	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Jensle White Single Widowed.  White Write the word)	16 DATE OF DEATH
	6 DATE OF BIRTH Muknowe	17 I HEREBY CERTIFY, That I attended the deceased from Lee 30, 1881
	(Month) (Day) (Year)	that I last saw her alive on Lee 30, 1981,
â	7 AGE  about  If LESS than I day hrs.  yrs. 21 9mos. — ds. or min.?	end that death occurred on the date stated above, at 4/20 % m. The CAUSE OF DEATH * was as follows:
Q	(a) Trade, profession or omnate; Rosewood particular kind of work State Training (b) General nature of industry School: owners	acule Bronchites
	business, or establishment in which employed or (employer) will, with a surface of the surface o	Contributory Broncho Pneumonia
	(State or country) Wuknow  10 NAME OF FATHER Male Monne	(Signed) George C. Medairy M. D.
	OF FATHER (State or country) Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	of Mother Mukenown	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos 20 ds. In the State yrs. 2/mos ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Roseword State , running	Where was disease contracted, if not at place of death?  Former or usual residence.  Mukuum  DATE OF BURIAL OR REMOVAL.  DATE OF BURIAL
	(Address) School' owing wills, Ind	Rasewood Cemely Dec 31, 1931. 20 UNDERTAKER ADDRESS
	Filed Of 1927 Registrar  If more banks are needed, address tate Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1. MO
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(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from work, definite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, us Al school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs . without more precise specification as Day For persons who have no occupation on None. (b) Automobile factory. The materia not gainfully em-Grocery,

Strtement of Cause of Death—Name, first, the DISBALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of tho injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic valvular heart disease Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example		Example II	
The principal cause of death and related causes of importance were as follows: JAN 5 1932	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis PTP FATI V	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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tated EXACTLY, PHYSI-properly classified. Exact of certificate.

CORD

S. No. 1

14082

### STATE OF MARYLAND CERTIFICATE OF DEATH

1/ 0-	Registration Dist. No. 40
Village or City Fyde (No.  2FULL NAME Franklin F.	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  ON 50, 1855  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Leave 2 1981 to 1982 25 , 1982 that I last saw by alive on LLS 25 , 1921
7 AGE    If LESS than   I day hrs. or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Carcinoma of prostate gland, curge?. 3 do
9 BIRTHPLACE (State or country)  10 NAME OF PATHER Devy. From	Contributory Secondary  (Durstion)  (Signed)  (Signed)  (Address)  (Address)
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Beath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cleanor Sunon  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsdsdsds.
(Address)  Filed / 2, 27, 192/ V.F. / T. Orsush	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LOW REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS  ADDRESS  ATTHUM  ADDRESS  ADDRESS  ADDRESS

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion amplies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enhou shold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Dissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently flied.

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death tetarius) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the not be

	HYSI-	Exact	
	LY, P	sified.	/
	EXACT	y chase	icate.
,	prmation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	ate CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	UPATION is very important. See instructions on back of certificate.
)	pe	pe	×
	onid	may	n bac
	(c)	t it	0
	ACE	tha	ction
	lied.	ns sc	nstru
	ddns	n terr	See ir
	fully	plai	apt.
	care	TH in	porte
	ed b	DEA.	ry im
	hous	FOF	is ve
	tion s	AUSI	200
	rma	ote C	LPAT

11	1PLACE OF DEATH	STATE OF MARYLAND
V	County Baltimore	CERTIFICATE OF DEATH
1		Registration Dist. No. 31 3 2
	illage or City Woodlawn No. 3 Engle 2FULL NAME Charles H. Fury	wood awe St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	Male White SSINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH December 28, 1931  (Month) (Day) (Year)
6	DATE OF BIRTH May 3 , 1877	Technology 1931 to Process 1831
7	(Month) (Day) (Year)	and that death occurred on the date stated above, at 4.25 Pm.
	54 yrs. 7 mos. 25 ds. or min.?	The CAUSE OF DEATH * was as follows:
\$	occupation (a) Trade, profession or particular kind of work (b) General nature of industry	Julinoway Tubuculosis
1	business, or establishment in thich employed or (employer) Maryland theath  BIRTHPLACE (State or country) Baltimore Mid	Contributory Secondary  (Darstion)  (Darstion)  (Darstion)  (Darstion)  (Darstion)  (Darstion)  (Darstion)
	10 NAME OF FATHER James Fury	(Signed) Joshua H. Uringerst M. D. Bek 28 1931 (Address) Woodlawn M.
ENTS	OF FATHER (State or country) Baltimore Mid	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN NAME	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Skeland	At place In the of death yrs. mos. ds. State yrs. mos. ds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence.
_	(Address) Wordlawn, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Die 30 . 1931
15	12/1 1 10 /2/1	My Aus John Jr. Tenfel Son 801 M. Fayety S.
	If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons (b) Automobile factory. The material If the occupation has been changed who have no occupation (6)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid—probably sucide. The niture of the injury, Hetanus) may be stated under the head of "contributory." American Medical Association.) approved by as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Committee on Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

### WRITE PLAINL WITH NFADING INK—THIS should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified instructions on back of certificates.

### HEALTH DEPARTMENT—GITT OF BALTIMORE

2014 County

CERTIFICATE OF DEATH. 10 1-PLACE OF DEATH Heatting heard) (If death occurred in a hospital or institution. 2-FULL NAME Howard Kawrence Gallonary give Its NAME Instead of street and number.) (a) Residence No..... (Usuai place of abode) (If non-resident give city or town and State) Length of residence in city or town where death occurred How long in U. S. it of toreign birth? PERSONAL AND STATISTICAL PARTICULARS. MEDICAL CERTIFICATE OF DEATH. Single, Married, Married, 5-Single. 16-DATE OF DEATH (month, day and year) 4-COLOR OR RACE. 3-SEX. or Divorced. I HEREBY CERTIFY, That I attended deceased from (Write the word.) 5a-If married, widowed, or divorced HUSBAND of (or) WIFE of 6-DATE OF BIRTH (month, day and year) \$ 7-AGE. If LESS than I day The CAUSE OF DEATH\* was as follows: ....hrs. or....min. ? 8-OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... General nature of industry, business, cr establishment in which employed (or employer). CONTRIBUTORY (c) Name of employer..... (Secondary) 9-BIRTHPLACE (city or town) ...... (Duration).....yrs.....mos......ds. (State or Country), 18-Where was disease contracted 10-NAME OF FATHER, if not at place of death?..... Did an operation precede death?.......... Date of...... 11-BIRTHPLACE OF FATHER (city or town Was there an autopsy?........................ (State or Country), What test confirmed diagnosis?..... 2-MAIDEN NAME OF MOTHER. 3-BIRTHPLACE OF MOTHER (city of town)..... \*State the Disease Causing Death, or in deaths from Violent Causes, (State or Country), state (1) Means and Nature of injury, and (2) whether Accidental. Sulcidai, or Homicidal. (See reverse side for additional space.) 14-(Informant). ... (augue 19-PLACE OF BURIAR, CREMATION OR DATE OF BURIAL. (Address) ... lasten

Registrar.

T

[Approved by U. S. Census and American Public Health Asso.]

pecially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, changed or given up on account of the DISTASE report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been salary) may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, essons who have no occupation whatever, write None. indicated thus: Farmer (retired, 6 yrs.) For per-CAUSING DEATH, state occupation at beginning of are engaged in the duties of the household only illness. If retired from business, that fact may be (not paid Housekeepers who receive a definite irrespective of age. For many occupations a single occupation is very important, so that the relative healthfulness of various pursuits can be The question applies to each and every person, Statement of Occupation .- Precise statement of known.

> tions on statement of cause of death approved by Committee on Nomenclature of the American Medconsequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendatrain—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. amples: Accidental drowning; Struck by railway accidental, suicidal, homicidal, or as probably such, if impossible to determine definitely. Exmiscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disical Association.) The nature of the injury, as fracture of skull, and DEATHS state MEANS OF INJURY and qualify gical operation was undertaken. qualify all diseases resulting from child birth or ease can be ascertained as symptoms or terminal conditions, such as "Asmonia (secondary), 10 ds. not be stated unless important. Example: Measles disease; Chronic interstitial nephritis, etc. (disease causing death), 29 Never report mere the cause. ds.; Bronchopneu-For VIOLENT

Additional Space for Further Statements by Physician.



V. S. No. 1

should state item of infor-

1. PLACE OF DEATH			210-m 44
County Ballmore			Registration Dist. No. 4
Village or City Essex			No. St., War
Length of residence in city or town where o	anth necurred		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How tong In U.S. if of foreign birth?yrsmosd
Length of residence in city of town where t	T &	yrs,mos	ds. How tong in U.S. it of foreign birth?yrsmosd
2. FULL NAME John	Jeh	moun	0 11-
(a) Residence: No. 520 L. 3	(Usual place		St., Ward. Of allientore Md  If nonresident give city or town and State
PERSONAL AND STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
Male White		RED, WIDOWED. D (qurite the word)	21. DATE OF DEATH  Lecember 5-/h  (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	1		
(or) WIFE of			22. I HEREBY CERTIFY, That I ettended deceased fro
9.4.4	0	16 - 10 0 2	, 19, to
. DATE OF BIRTH (ntonth, day, end year)			l last saw h; death is sai
. AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, atn).
48 8	12	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, CASAWYER, BOOKKEEPER, etc.	00		T. A. A.
SAWYER, BOOKKEEPER, etc.	auffere		Tracture of skull due
9. Industry or business in which work was done, as SILK MILL Bank, etc.	11 p.t.	n + 10	
	a cely	later Wept	to automobile accident:
	spa	ime (years) nt in this	on Riverside Drive , near Lorraine Co.
year)	04	upation	Other Contributory Causes of Importanco:
2. BIRTHPLACE (city or town) Jack	limore	Md	enne, Esse, Baltimore County, and.
(State or country)	2 0		Cweed
13. NAME William 9	chrmi	mn	
13. NAME William 9	Timore	· md-	Name of operation Dete of
(State or country)	WINING V.S		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth	Hara		
12.0	Lisasse	211	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town). John (State or country)	more	rria	Accident, sulcide, or homicide? Date of injury, 19
1 (State of County)	0 0		Where did Injury occur? (Specify city or town, county and State)
INFORMANT Coccelia, K	elch of		Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 52.0 J. Luser	ne st	•	••••
B. BURIAL, CREMATION, OR REMOVAL	10.	~ 0	Manner of injury
Place State Near Mearl	Date SOCC	3, 19.7.	Nature of injury
9. UNDERTAKER Lilly + Ziel (Address) 403 45	elle it		24. Was disease er injury in any way related to occupation of deceased?
O. FILED Dec. 7 , 1931 9. 4.	Conne	El,	(Signed) Jacob Hallman Coroner M.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	Luly 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	Man X1923	Other contributory causes of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN		

1 PLACE OF DEATH EXACTLY PHYSICIANS sified. Exact statement of STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred a hospital or institution give its NAME instea RECORD classified MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED
OR DIVORCED
(Write the word) stated PERMANENT owec (Month) be properly certificate, 17 I HEREBY CERTIFY. That I attended pe 6 DATE OF BIRTH should 7 AGE of If LESS than may 141 back hrs. 1 day, U (1) H P min. ? H carefully supplied. 8 OCCUPATION CO (a) Trade, profession, or particular kind of work instructions X (b) General nature of industry business, or establishment in UNFADING which employed (or employer 9 BIRTHPLACE (State or country) plain See in 10 NAME OF 0 WITH ğ 5 FATHER pino important I 11 BIRTHPLACE RENTS OF FATHER (State or country) d \*State the DISEASE CAUSING DRAW Causes, state (1) Means of Injury; and (2) whether ACCIDENTAL, 0 12 MAIDEN NAME PA OF MOTHER 21. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN 0 Very inform 13 BIRTHPLACE OF MOTHER Li. nsı At place in the 69 (State or country) State, .....yrs. .....mee mes. Every item of instance of inst A Where was disease contracted. if not at place of death? Former or (Informant) usual residence 15 20 REGISTRAR Z

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state oecupation at beginning of illness. write None or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home. Care wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient e. g., Farme or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed If retired from should be (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease eausing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Diphtheria (avoid use of pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

mus," on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisaned by carbalic acid-probably state MEANS OF INJURY and qualify as ACCIDENTES BUICIDAL, OF HOMICIDAL, or as probably such its scale to determine definitely. Examples: Accidental assurance, "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Ura mia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia rent) affection need not be stated unless cough; ('hronic vulvular heart disease; Chronic interstitia ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... and consequences (e. suinde. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from child-Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid use of (secondary), 10 ds. The contributory (secondary or interegrg., sepsis, telanus) may be stated "Dropsy," Never report mere "Exhaustion," important. Whooping ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 7 19

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See instructions on back of certificate. CORD. Every item of infor-THE ONFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WI B.-WRITE PLAINLY,

V. S. No. 1

ż

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 1	4087
1 PLACE OF DEATH			9
/ County Dalle mor	23/	Registration, Dist. No	30
Village or City Catoms	nell	No. /// Stady Novh outh St death occurred in a horpital or institution, give its NAME instead of street	L,Ward
Length of residence in city or town whate dea		//	
2. FULL NAME Ulfred	Shende	ening	
(a) Residence: No.///	(Usual place of abode)	St., Ward.  If nonresident give city or tow	n and State
PERSONAL AND STATISTIC	ALPARTICULARS	MEDICAL CERTIFICATE OF DEAT	гн
4. COLOR OR RACE 5	OR DIVORCED (write the word)	21. DATE OF DEATH	193 /
5a. If married, widowed, or divorced	(anue	(Month) (Day)	(Year)
HUSBAND of Corp WIFE of Eugabeth	Hendening	1 HEREBY CERTIFY, That latter S. 1931, to See 3	ended deceased from
6. DATE OF BIRTH (month, say, and year	14, 1865	I last saw h alive on 22 e 3/,19	3./; death Is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at. 5.4m.	
66 81	, 2/ 1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc.	usework /	3 Of (m	)
9. Industry or business in which	21 27	10 your penus	12/29/3
work was done, as SILK MILL, SAW MILL, BANK, etc.	Of Home		
10. Date deceased last worked at this occupation (month and year)	11, Total time (yeers) spent in this occupation		
P		Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	rond on		
w Milli	Hendening	The state of the s	12/28/3/
H 13. NAME	- congression	ff (	
14. BIRTHPLACE (city or town)	2 Should V	Name of operation Date	of
(State of Country)	The last	What test confirmed diagnosis? Was ther	e an au'opsy?
15. MAIDEN NAME (Lip abel)  16. BIRTHPLACE (city or town)	y propor	23. If death was due to external causes (VIOLENCE) fill in also the foll	lowing:
0 16. BIRTHPLACE (city or town)	na francis	Accident, suicide, or homicide? Date of injury	, 19
Stete or country)	Thursday.	Where did injury occur?(Specify city or town, county an	d State)
17. INFORMANT Elizabelly (Address) with soil	a tendenang	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLI	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Jan 191 4	Manner of injury	
Place // La // M	Date 1901	Nature of injury	
10 HADEDTAKED JIM GATTS	73 00	24. Was disease or injury in any way related to occupation of decease	12 200
19. UNDERTAKER (Address) /2//	u H	If so, specify	
1/1 32/ 4	4/6 Lead	(Signed) (Signed) Noass	W AM. D.
20. FILED, 19.3	Registrar.	(Address 22 20 poly)	Sun
If more bla	- A 1A - A	A Charles Stand Publisher P. J. S. N.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	to the same of the	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

Exact SAH A

WRITE PLA

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1PLACE OF DEATH	14114 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
Village or City Towson (No. Alepart Eno.  2FULL NAME Goss, Mrs. Callendar Lumpk	tion, give its NAME in- stend of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 MARRIED MARRIED WILLIAM OF COLOR (Write the word)	16 DATE OF DEATH December 20 , 19 31 (Month) (Day) (Year)
6 DATE OF BIRTH  No vember the 22nd 1895  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Oct. 9, 1931 192 to December 20, 1931 that I last saw her alive on December 20, 1931 192 and that death occured on the date stated above, at 11:35 P.M.
7 AGE   If LESS than   I day hrs.   ds.   ormin.}	The CAUSE OF DEATH * was as follows: Suicide by hanging
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Unknown  Contributory Secondary  About 1 year  Unknown  (Duration)  Manic Depressive - Depressed  Journal  Journal  About 1 year  About 1 year
Athens, Georgia  10 NAME OF FATHER Edward Lumpkin	(Signed) Arthur E. Puttrell M. D. 192 (Address) Towson, Md.
OF FATHER - (State or country) Lexington (?), Ga.	*State the Disrase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicids!
of Mothery Bryan Thomas  13 Birthplace OF MOTHER (State or: country)  Williams	Is LENGTH OF RESIDENCE (For Hospitals, Institutions, Translonts or Recent Residents)  At place of death yrs 2 mos 11 ds. State yrs 2 mos 12 ds.  Where wes disease contracted,
(Informant) Hospital Records	if not at place of death?  Former or usual residence 687 Millege A ve., Athens, Ga.  19 PLACE/OF BURIAL OR REMOVAL DATE OF RURIAL
(Address)	11 Illus La. Dec 23, 1934

P.M.

ADDRESS

W. Saratoga St., Balto., Requesting V. S. No. 1. If more branks are needed, address State Registrar, 16

Registra

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; is nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer [re-Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Never return 'Laborer," "Foreman," "Manager," "Dealet..., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day Compositor, (6) For persons who have no occupation Automobile factory. The materia Laborer-Coal mine, etc. Wom-Architect, Locomolive engineer But in many (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

> stated unless important. Example: Measles (disease (clunus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease " Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsas, Examples: Accidental drowning; Struck by railway train-Whooping Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; " "Marasmus, " "Old Age, Chronic etc. valvular heart Always qualify al The contributory etc.), "Dropsy, "Shock," disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

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### STATE OF MARYLAND

	County	Baltimore.			73-00	CERTIF	ICATE	OF DE	AIH.
						Regi	istration I	Dist. No.	ΙΙ
Vi	llage or City	Dundalk NAME Wil	(No liam Grin		Baltimore	Ave_st.:	Ward)	tion, give	occurred la or institu its NAME la street and
	PERSONA	L AND STATIST	ICAL PARTICU	JLARS	MEC	DICAL CERTIF	ICATE C	F DEATH	
	Male	White	SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word	Married	16 DATE OF DEA			(Day)	
6	DATE OF BIRTH	н			}	EBY CERTIFY,			
	The P	August IO	th (Day)	, 1 <u>880</u>	that I last saw h				
E C	a) Trade, profesticular kind	5I yrs. 3		If LESS than I dayhrs. ormin.?	The CAUSE OF D	te Myocar	ditis	***************************************	0 0 2 m n n n n n n n n n n n n n n n n n n
3		l or (employer) Be		Steel Co	Contributory Secondary	(Dura			
ENTS	10 NAME OF FATHER  11 BIRTHPLAG OF FATHER (State or c	eountry) Unkno			(Signed) / Long / State the Violent Causes, Accidental, Suici		64 Dund	ndalk.	
PAR	OF MOTHE  13 BIRTHPLA  OF MOTHE  (State or C	R Francis			18 LENGTH OF ients or Recent At place of death yrs	Residents)	In the		tions, Trans
14	(Informant)	Chanclor G	rimes.Sor	1.	Where was disease of if not at place of Former or usual residence	dea.h?		00-00-0	F BURIAL
15	(Addres	265 Balt	mlari	Corl Registras	Lucis Tayre 26 UNDERFAKER DOMESTOS	Liebourty	· Var	12/8 Sall	, 193/ 6-
-		If more bianks are	needed, address	Ltate Registra	, 16 W. Saratoga S	t., Balto., Reque	sting V. S	. No. 1.	

MARGIN RESERVED FOR BINDING VITH UNFADING INK--THIS IS A WRITE PI

B.-Every item of information should be carefully supplied. CIANS should state CAUSE CF DEATH in plain terms so statement of OCCUPATION is very important. See instru

supplied. ACE chould be stated EXACTLY, PHYSI-in terms so that it may be properly classified. Exact See instructions on back of certificate.

CORD

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) - Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need Chronic interstitial nephritis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

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	CORD	N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact
SINDING	ERMANT	hould be stall may be pro
ED FOR B	THIS IS A P	piled. ACE srms so that i
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MARGII	ITH UNFAL	SE OF DEAT
	IL NLY,	Information state CAU
•	WRITE P	Every item of
5		N. BE

PLACE OF DEATH  County Salte more	14089 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Latonsville (No. 72)	Registration Dist, No. 30  2 Trickered [5]: Ward)  (If death occurred i a hoapital or institution, give its NAME in
2FULL NAME OF ELLE SUL	Stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Steeler St. 5, 1927.  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HERERY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE  [If LESS than I dayhrs.	and that death occurred on the date stated above, at 2 m  The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?  B OCCUPATION (a) Trade, profession or particular kind of work  (b) General nature of industry	Intratinal Obstanction
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Phary land	Contributory Nal na Guilla
10 NAME OF Patro Groh	(Signed) (Signed) (All ) (All
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Transer Hunter  13 BIRTHPLACE OF MOTHER (State of Country)  Mary Rand	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsds.
(Informant) Eleve The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual readence
(Address) la tora viele-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Softy Prose Centery - All Co. DEC 57, 1937. 20 UNDERTAKER ADDRESS
Filed 1923 Alla Registrar	The Takey Tons - 13/8 highs A., 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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If this certificate is looked over thoroughly and all qu stions

data is essential and must be obtained before the certificate is

permanently filed.

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death taken. For violent deaths state means of injuly peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

59RD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement UNFADING INK-THIS IS A PERMANENT properly classified. See instructions on back of certificate. stated CAUSE OF DEATH in plain terms, so that it may be AGE should be supplied. mation should be carefully TION is very important. -WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(F2-a)
County Balla Juch	Registration Dist. No. 40
Village or City Sug Mines S	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME leath sen & wiston	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX Jemale 4. COLOR OR RACE OR DIVORCED (write the w	
5a. If married, widowed or divorced HUSBANO of Married All All All All All All All All All Al	(Month) (Dey) (Yeer)
(or) WIFE of Widowd of Chas I wytor	2000 HEREBY CERTIFY. Thet I attended deceased from 193/10 December 193/
6. DATE OF BIRTH (month, day, end yeer) 5 April 1860	I last saw h Malive on Set U 193/; death is said
7. AGE 85—Years 8 Months 7 Days If LESS 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or perticular kind of work done, as SPINNER, how miss	Brokrathomonha 2 21/2/20
kind of work done, as SPINNER, RANGE SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this preparation the same in this control to the same in	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Lancastre Pale (State or country)	Other Contributory Canada of importance
I 13. NAME CENAS Musmon	
13. NAME CONS MYSMON  14. BIRTHPLACE (city or town) Lancoster Cos M.  (State or country)	Name of operation Oate of What test confirmed diegnosis? Was there an eulopsy?
15. MAIDEN NAME MORE ANY	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIOEN NAME NOOZE ANY 16. BIRTHPLACE (city or town) W. N. K. N. W. C. (State or country)	Accident, suicide, or homicide? Date of injury
17. INFORMANT Colinabeth Couchasts	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wilson Oate Dec 14	193.1 Nature of injury
19. UNDERTAKER John & Slade	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 12. 13, 1931 J. F. H. Torsus	(Signed) / Well Market

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	S July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
, , , , , , , , , , , , , , , , , , , ,				

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County / Salvano	Registration Dist. No. 42
Village or City aux down (No. Hoffu 2FULL NAME Annie Hale	ellow , St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED WILDOWS OR DIVORCED (Write the word)	16 DATE OF DEATH Dee , 5, 1983 (Month) (Day) (Year)
6 DATE OF BIRTH  0 4 27, 1862	that I last saw h & alive on Dec 15, 1967,
(Month) (Day) (Year)  7 AGE [If LESS than	and that deeth occurred on the date stated above, et 3 00 Pm.
6 9 yrs. / mos. / 8 ds. or min.?	The CAUSE OF DEATH * was no follows: Tusufficence
(a) Trade, profession or Housework	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mas 1 3 ds,
9 BIRTHPLACE (State or country) Balto Country.	Contributory Secondary  (Duration) yrs, mos. ds.
10 NAME OF Phillip Mine	(Signed) Namewell Machen D. Dec 15 193/ (Address 29/0 / follows sung &
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Elysbeth Willy.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Salto. City.	At place of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence.
(Mess) Durand are handown	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed De 161931 Lestieffer	20 UNDERTAKER ADDRESS HAME

If more beenks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

4. % No. 1

WRITE PLAIN

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ACTLY, PMYSI-classifled. Exact

Every Item of Information, bould be carefully supplied ACE should be a per ed b. AC CIANS should state CAUSE OF DEATH in plain terms so that it may be proposty class statement of OCCUPATION is very important. See Instructions on back of certificate.

UNFADING INK---THIS IS A PERMANENT RE

BINDING

MARGIN RESERVED FOR

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., should be used only when needed. As examples: (a) additional line is provided for the latter stutement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a laborer Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," 'Foreman," 'Manager," 'Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know (a the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e g., Furmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Physician, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day arm laborer, Laborer—Coal mine, etc. Wom-Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Salesman. (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroed term for the same disease. Examples: Cerebroed term for the same disease. Examples: Cerebroed the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." ".PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," ctc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mcrely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," stated unless important. State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent Deaths state Means of Injuny diseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condi-Chronic valentar heart disease; nephritis, etc. The contributory statement of cause of death Example: Measles (disease Nomenclature not be

If this certificate is looked over thoroughly and all questions an swered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

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### STATE OF MARYLAND

PLACE OF DEATH	STATE OF MARYLAND
County Ballinge 2	CERTIFICATE OF DEATH
	Registration Dist. No. 40
Village or City Wohl Cliff (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street an
2FULL NAME S. Mary Pontomians	Talin number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale White Single.  MARRIED, WIDOWED, OR DIVORGED (Write the word) Single	16 DATE OF DEATH / , 1931 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw her alive on 25 , 193/
7 AGE [If LESS than	and that death occured on the date stated above, at 5.30 A. m
82 yrs. 3 mos. 26 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work.	
(b) General nature of industry husiness, or establishment in which employed or (employer)	(Durstion) 30 yrs mos d
9 BIRTHPLACE (State or country) Lawrender, Pa	Centributory Secondary  (Durstion) yrs does do
10 NAME OF John Halis	(Signed) Mus Sheler M. I
OF FATHER  (State or country)  Bavaria	State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Eva Lecturer	18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Tran- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  Bavaria	At place In the of death yrs
14 THE ADOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Info many Sy, Mary Clara	Former or usual residence
(Address) Notel Cliff, Med.	Notch Out Dec 3, 19 3

If more b.anks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er,' etc., William .... Laborer, Laborer tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Heal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the business, that fact may be indicated thus; Furmer (r) Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, (b) Automobile factory. The engineer. Stationary fireman, etc. But in many For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Luy -Coal mine, etc. Locomotive engineer, material Growry, Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect Tuphoid fever (never report "Typhoid Pneumonia") time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumonia, Bronehopneumonia ("Pneumonia,"

> 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory" and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of curbalic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved Examples: Accidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of .... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY by or intercurrent) affection need Committee on Nomenclature for malignant neoplasms); Measles; Chronic Example: Measles (disease etc. The contributory valeular heart Always qualify all not be discase; death 28

data is essential and must be obtained before the certificate in answered in detail, it will prevent further correspondence. permanently filed. It this certificate is looked over thoroughly and all questions

PHYSI.	PLACE OF DEATH County Ballinge	14093 STATE OF MARYLAND CERTIFICATE OF DEATH
CORD EXACTLY, Y classified floate	Village or City Fulleston (No. Ridge 2FULL NAME Ida Selma	Registration Disk No. 36 42  Ward)  (If death occurred in a hopoit 1 or institution, give its NAME in stead of street an number.)
Per Per	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d Le straigh be project of o	Jemale White (Write the word)	16 DATE OF DEATH Lec. 22, 1923/
A PERM CE thoul hat it ma	6 DATE OF BIRTH  (Month) (Day) (Year)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  1923 / to lee 22, 1923 /  that I last saw hereafter on eller 22, 1923 /
THIS IS plied. A rms so t	7 AGE  1 day hrs.  1 day hrs.  1 or min.?	and that death occurred on the date stated above, at 11. P. m. The CAUSE OF DEATH * was as follows:
G INKT refully suppling plain ten tant, See	a OCCUPATION'  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Dirphritis - arterios clerosis
UNFADIN	9 BIRTHPLACE (State or country)  10 NAME OF FATHER  P. D. D.	Contributory Stack (death of husbonnessecondary Guration) yrs. 1800. ds  (Signed) A HA Bacoa M.D.
TION IS VE	OF FATHER  (State or country)  12 MAIDEN NAME  7.	*State the Discase Causing Death, A successful sun Accidental, Suicidal or Homicidal.
PLA LY, of informa id state occupa	of Mother Anknown  13 BIRTHPLACE OF MOTHER (State or country) Whenven	talLINGTH OF RESIDENCE (For Hospitals, Institutions, Transiants or Recent Residents)  At place In the State yrs
WRATE or item ANS shou	(Informati) Court Halfler  (Address) Fullerton R. F.D. Md.	Former or usual residence  19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
R. EEver	Filed /2/24 19131 D.A. Futy M.D., Registrar  If more branks are needed, address State Registrar.	20 N DERTAKER  ADDRESS  ADDRES
	The state of the s	and the same of th

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Luborer-Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISHASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. Physician, Compositor, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Sulesman, (b) Gracery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphale fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Redommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of thoinjury, Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be " "Marasmus, " "Old Age, " "Shock," Chronic valvular heart discase, etc. The contributory (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Baltimore	Registration Dist. No. 🥞 🗸
Village or CitEUDOWOOD SANATORIUM, TOWSON,	MD No. St., Wal
Length of residence in city or town where deeth occurred Vyrsm	(If death occurred in a hospital or institution, give its NAME, instead of street and number) osds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Howley Bates Hea	The of the sec
(a) Residence: No.	St. Ward. Aun amule So. 7.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If merried, widowed or divorced HUSBAND of Cleary ( / Learth  (or) WHFE of	22. I HEREBY CERTIFY Thet I ettended deceased fro
6. DATE OF BIRTH (nionth, day, end year) Wee. 14, 1890	Hast saw h. 150 elive on Nee 79, 1931; death is sa
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete steted above, et 1. 28 P.m.
4 - 17 1 day, hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:  Date of ons
8. Trede, profession, or perticular kind of work done, as SPINNER, Cuiller	Tuleworning 26. 19x
Industry or business in which	
9. Industry or business in which work wes done, as SILK MILL, Hour Wull, SAW MILL, BANK, etc.	
Dote deceased last worked at this occupetion (month end )	
year) occupetion occupetion	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) J. Va.	
(State or country)  13. NAME FO: 3. Keath.	
	Name of operation Roma Date of
14. BIRTHPLACE (city or town) Wessell (State or country)	Neme of operation Dete of What test confirmed diagnosis? Westhere en eu opsy?
15. MAIDEN NAME / None Journs.	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) A Va.	Accident, suicide, or homicide?, 19, 19
Stete or country)	Where did injury occur?
Hospital RecordsPersonal History (Addres DOWOOD SANATORIUM, TOWSON, MD.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL SOUN SUBSECUTION 19.3.	Manner of Injury
19. UNDERTAKER Am looth (Address) Baldon 1806	24. Wes disease or injury In eny wey releted to occupation of deceased?
20. FILED Dec 29, 13/ At Buth Registrar.	(Signed) Ludowood San Towson, Md.
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUENAU V.S.			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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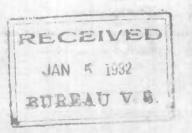
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STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institudon, give its NAME instead of street and humber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 10 DATE OF DEATH SINGLE COLOR, OR RACE | 5 WIDOWED / (Month) (Day) OR DIVORGED (Write the word) I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH that I last saw held , alive on (Month) (Day) (Year) 7 AGE If LESS than day .... hrs. vrs.....ds. or....min. (a) Trade, profession or particular kind of work . 6 (b) General nature of industry business, or establishment in which employed or (employer) ..... Contributory Secondary (State or country) 10 NAME OF FATHER ENTS 11 BIRTHPLACE \*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country AR 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-0 ionts. or Recent Residents) 13 BIRTHPLACE At place of death .... yrs. ... mos..... da, In the OF MOTHER Where was disease contracted.if not at place of death?..... usual residence. DATE OF BURIAL ADDRESS if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requestive V. S

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative health-fulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician Compagitor Architect. Locomotive engineer,

unqualified, is indefinite): Tuberculosis of lungs, mennyes, peritonatum, etc., Carcinoma, Sarcoma, etc., of ......... (nume origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be



### of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. A PERMA UNFADING INK-THIS IS WITH WRITE PLAINLY

RECORD

1 PLACE OF DEATH

14096

### STATE OF MARYLAND H

County Dal	to	92-0	CERTIFICATE OF	~
			Registration Dist.	No
Village of City	Wordhund	11-6205 Windson	Millerald,	[if deat

h occurred la a hospital or institution,

FULL NAME LEWES SHOOT	feet of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male with States	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	17 Jaw   HEREBY CERTIFY, That I attended deceased from 1949, to 1949, to 1949, that I last saw hours alive on 1949,
TAGE  If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 3.0 pm, The CAUSE OF DEATH* was as follows:  Charine or allowed heart disease
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Peleswille M.  10 NAME OF FATHER Jacob Tookker  11 BIRTHPLACE OF FATHER (State or country)  12 Maiden country  12 Maiden country  12 Monther OF MOTHER	(Signed) (Duration) yrs mos ds.  (Signed) (Address) 300128. Ment ave at the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence
(Address) 621. Messelver Mell Rd  16 12/16/ 1921 Do D. Buffer  REGISTRAR  If more blanks are needed address State People	19 PLACE OF BURIAL OR REMOVAL  Nordlawd Cent Lev. 18, 1931  20 UNDERTAKER  ADDRESS  Strar, 6 E. Frankly St., Balto., Requesting V. S. No. 1.
are needed, address State Regis	Strar, o E. Frankys St., Balto., Requesting V. S. No. 1.

S. No. 1.

B.-Every item of information should be c CAUSE OF DEATH in plain terms, so

Important.

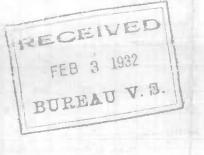
[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," Women at home, who are engaged in the Farmer (retired 6 yrs.) For persous As examples: The question "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Tuerperal peritonitis," childbirth or miscarrlage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," gcuital," "Senile," etc.), "Dropsy," "Exhaustion," oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (c. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF ISOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of etc. State cause for death), 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



14097

F OF DEATH
Registration Dist. No. 4
Registration Dist. No. 7
St., Ward institution, give its NAME instead of street and number)  S. if of foreign birth?
institution, give its NAME instead of street and number)
5. If of foreign birth?ds.
If nonresident give city or town and State
L CERTIFICATE OF DEATH
TH //sc
(Month) (Day) (Year)
BY CERTIFY, That I attended deceased from
19.3/ , to 12 - 12 - , 19.3/
n /2 = /.2 = , 195/; death is said
e steted above, et 12 none
DEATH end related causes of importance
Yang new atoma Date of onset
f Importance:
re at 8 months
The Dete of
Dete of Dete of Significant Significant Significant Significant Significant States of the second significant Signi
nal causes (VIOLENCE) fill in also the following:
de?, 19
(Specify city or town, county and State) rred in INDUSTRY, in HOME, or in PUBLIC PLACE.
THE IN THOUSERT, IN HOME, OF IN PUBLIC PEACE.
any way related to occupation of deceased?
3. Morusliat M.D.
9. 17 Courte at M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	kample I		Example II	
The principal cause of dea of importance were as follows:	ws:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JAN 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		c 1921	-Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	7
Other contributory causes  Gallstones	of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			·	
AD	DITIONAL SPACE-FO	OK <sup>*</sup> FURTH	ER STATEMENTS BY PHYSICIAN	

ADDIT	IONAL SPACE	FOR FURTH	ER STATEMEN	TS BY PHYSICIA	N
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3	Sept.	

CORD

PLACE OF DEATH



### STATE OF MARYLAND

County Baltine	CERTIFICATE OF DEATH Registration Dist. No.
Village or City 201. E. Joppen Ad. Low 2FULL NAME Claume millon	Ward) (If death occurred in a hospital cr institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) march	16 DATE OF DEATH December 3/ , 193/.  (Month)—(Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw humalive on See 3 . 1936.
7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the date stated above, at 3.40 P.m. Tha CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry	Afaflefif-
business, or establishment in which employed or (employer) Returned  9 BIRTHPLACE (State or country) Bello Co and	Contributory (ktter Lelless) Secondary Lufurteuseouth
10 NAME OF FATHER Nelson Hochall  11 BIRTHPLACE	(Signed) Alux Greece Jamboy, M. O. Jamboy, Cliff.
OF FATHER (State or country) Bell Ca had  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Balls to Ind	ients or Recont Residents)  At place In the of death yrs
(Informant) M. C. m. Howald	if not at place of death?  Former or usual residence
(Address) 101Egoppe	Wisibone, Centy Jan 1. 193 Se

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enwerk, or At Home, and children, not gainfully emhousehold only (not paid Hausekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Munagor." "Feal-Spinner, additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer. Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Fareman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc Wonwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary freman, etc. But in many Locomotive engineer, As examples : 'a)

Statement of Cause of Death—Name, first, the DIS-EACE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); abov pneumonia, Bronchopneumonia ("Pneumonia");

> "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsets, telanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom eausing death), 29 ds.; Bronchopnoumonia (secondary, inges, peritonacum, etc., Carcinona, Sarcoma, etc., of carbolic acid-probably sucide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was underean be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature accident; Revolver wound of head--homicide; Poissand by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as Whooping American Medical Association. (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Caneer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valendar heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data, is essential and must be obtained before the certificate in permanently filed.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. RHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of aCCUPATION is yery Important. See instructions on back of certificate. WITH UNFADING INK-THIS IS A PERMANANT RECORD RESERVED FOR BINDING MARGIN WRITE PLAINLY. Y. S. No. 1. N. B.

Gounty Baltimores	14099 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or city White Italy In	Registration Dist. No. 5.  St.; Ward)  [If feath occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME COMME	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h. M. alive on Dec. 8 , 1913/
TAGE  5 9 yrs. 4 mos. // ds. or. min.?	and that death occurred on the date stated above, at 9.36 A m, The CAUSE OF DEATH* was as follows:  (Left)
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Ballo Co Ind	(Duration) / yrs. mos. ds.  Contributory Metastasis to Liver K. Time (Secondary)
10 NAME OF FATHER Jack Davis  11 BIRTHPLACE OF FATHER (State or country) Transland  12 MAIDEN NAME  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
OF MOTHER Clew Johnson  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds.  Where was disease contracted,
(Informant) Marie Howard.	If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Duc 21 ,198 / Im Dutues In BEGISTRAR	Date of BURIAL OR REMOVAL  Date of BURIAL  Dev 72, 1851.  20 UNDERTAKER  P. Markhundon White Half had
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer—Coal additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pubbrebal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably -Heart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malig The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HA.	/	County Ballingse.
Sasified	Vil	llage or City & Lalk (No.
rly cra		2 FULL NAME Vacquire
stated proporti		PERSONAL AND STATISTICAL PARTICULAR
be ok	3 5	Fernale White Single, MARRIED, Surprise (Write the word)
me n p	6 1	DATE OF BIRTH
ACE ch that It offons o		(Month) (Day)
A o the	7 1	AGE   IfLE
supplied. ACE on terms so that See instructions		yrs. 5 mos. 28 ds. or
	B. 16	a) Trade, profession or Stories  particular kind of work
carefully FH in plai portant.	0() b	b) General nature of industry vusiness, or establishment in vhich employed or (employer)
EAT I	9 E	(State or country) Seundalk
ould F D		10 NAME OF Ray M Johnson
on sho	RENTS	OF FATHER (State or country)
matic CA CA	PARE	12 MAIDEN NAME Wildred Pike
Information state CAUS		13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)
ould of o	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
ery Item of IANS should atement of O		(Informant) Pay My Johnson
Every CIAN: stater	15	(Address) 2 Catapoes Un

PLACE OF DEATH

JLARS

IIf LESS than I day hrs. or min.?

### STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME it

Registration Dist. No. Ward)

Johnson	number.)
MEDICAL CERTIFIC	CATE OF DEATH
16 DATE OF DEATH A DOC	inber. 13.1931
17 HEREBY CERTIFY, Th	
that I last saw h CY alive on	
and that death occurred on the date. The CAUSE OF DEATH * was as fol	lows: 30AM.
***************************************	
(Duratio	n)yrsmos _2/_da.
Contributory Secondary	00-40-00-00-00-00-00-00-00-00-00-00-00-0
lec 13 1931 (Address) L	Tollie M.D. lundalk, red
*State the I is ase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of injury and (2) Whether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Institutions, Trans-
At place of deathyrsmosds.	In the State, yra. mos da,
Where was disease contracted, if not at place of dea h?	**************************************
Former or usual residence	
19 PLACE OF BURIAL OR REMOVA	DATE OF BURIAL
- Vinity Cen	ADDRESS
20 UNDERTAKER Wellinh	2008 Orleans
, 16 W. Saratoga St., Balto., Request	ing V. S. Ivo. 1.

If more blanks are needed, address State Registrar

Registras

8. No. 1

Filed

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Spinner, should additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on be used only when needed. As examples: (a) yrs... For persons who have no occupation (b) Cotton mill; (a) Salesman. without more precise specification as Day Locomolive engineer, But in many (b) Grocery;

Strtement of Cause of Death—Name, first, the Disease Course Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by Committee on inges, perilonaeum, etc., Careinoma, Sareoma, etc., of tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Whooping eough; unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. affection need valvular heart disease; Nomenclature The contributory Always qualify all not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF	MARYLAND-C	ERTIFICATE	OF I	DEATH	1410.	1

1. PLACE OF DEATH	
County Ballo	Registration Dist. No. 35
Village or City Freeland, (PD)	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Milliani Co. Jor	ies.
(a) Residence: No.	St., Ward.
(Usual place of ablde)/ PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Weste Nearreed (write the word)	(Month) (Day) 193 (Tear)
5a. If married, widowed, or divorced HUSBANO of	J. T.
(or) WIFE of Iva. May Jones'	22. I HEREBY CERTIFY, Thet I attended deceased from Alec, 20, 1931, to Alec, 23, 1931
De (1871)	I last saw hime alive on Alec, 22 - ,193/; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trade, profession, or particular	were as follows:
kind of work done, es SPINNER, January. SAWYER, BOOKKEEPER, etc.	On a to the same of the same o
9. Industry or business in which	Chrone Suterstitings
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and the company). Separating this occupation (month and the company).	
10. Date deceased last worked at this occupetion (month end year) spent in this occupation conduction.	Hephrilia:
Ballaca	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	The desired the second second
13. NAME Edward Jourge	- Calma Junga
13. NAME CAWARD ONCE  14. BIRTHPLACE (city or town) Bello Co	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth Hersliger.	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Clysbeth Jershoy.  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Serving.	Where did Injury occur?
17. INFORMANT Juy In Jones (Address) Treeshied Mid. P. A	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR-REMOVAL	Manner of injury
Placetilh Occurelery Date Dec 26, 1931	Nature of injury
Story far & Men	
19. UNDERTAKER AUGUSTUS MOTIONALES (Address)	24. Was disease or injury in any way related to occupation of decessed?
7 1 0001:01	(Signed) Sufacel M. D.
20. FILEO LLC. L. 4., 1931 DAMILL S. Mully Registrar.	(Address) Mele to relaine (12
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	I DESCRIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	LIAN 7 1882	July 5,1927	Peritonitis	3 days ago
	PHERANTES			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE	OF	MADVI	AND-	CERTIFI	CATE	OF	DEATH
SIAIE	UF	MARYL	AND-	CERIIFI	CAIL	UF	DEATE

1	A	1	11	2
1	1	i	U	4

1. PLACE (	OF DEATH			(H)				
County Ba	altimore			Registration Dist. No. 32				
Village or City Stevenson  (If  Length of residence In city or town where death occurred 89 yrs. 7 most			9 yrs. 7 mos	No. St.,  death occurred in a horpital or institution, give its NAME instead of street and nu  ds. How long in U.S. if of foreign birth?				
2. FULL NA	AME Jacense: No. Stevens	ob Keller	nd.	St. Ward.				
(a) heside	ance. No	(Usual place		If nonresident give city or town and S	Hate			
PERSO	NAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE OR DIVORCED (worke the word) Male White Widowed			D (write the word)	21. DATE OF DEATH  December 16, (Day) (Year)				
5a. If married, wide HUSBAND of (or) WIFE of 6. DATE OF BIRTH	med, or divorced  Margare  (month, day, and year)May		eller	22. I HEREBY CERTIFY, That I attended do September 1, 1931, to December 16, I last saw him alive on December 14, 1931;	, 1931			
{	Months  39  7  Tession, or particular	Days 3	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 9:15 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset			
SAWYE  9 Industry or work w SAW M SAW M LO Date deces this occ	work done, as SPINNER, R, BOOKKEEPER, etc. busines, in which as done, as SILK MILL, ILL, BANK, etc. used last worked at supation (month and 1928	g spar	me (years) ntln this Life		1929			
12. BIRTHPLACE (		Maryland.		Other Contributory Causes of importance: Senility				
13. NAME	Joshus	a Keller		and the state of t				
	CE (city or town)	nknown		Name of operation None Date of What test confirmed diagnosis Clinical Was there an au	topsyNo			
15. MAIDEN N	AME Margaret	Halimton		23. If death was due to external causes (VIOL ENCE) fill in also the following:				
	CE (city er town)			Accident, suicide, or homicide? Date of injury, 1  Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
(Address) 18. BURIAL, CREMA	Steve	nson, Maryl		Manner of injury				
Place St.	ers Cemetery	Date Dec.	10, 19 31	Nature of injury				
19. UNDERTAKEN	Reisterstov		d.	24. Was disease or injury in any way related to occupation of deceased? No  If so, specify  (Signed)				
20. FILED NEC	17, 1921 Nx	1. 6. 6. M	Registrar.	(Signed) Pikesville, Maryland.	M. D.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 2 32	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V.	5. 8		
	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
dia -			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WI

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14103
1. PLACE OF OBATH	
County Caltimon	Registration Dist. No.
Village or City Dattee grove	No. St., Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME Still born Infam	( Henney)
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOD OR, RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A COLUMN 12
Male White Smy	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 12 th 1931	, 19 , to , 19 , 19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BODKKEEPER, etc	still born infant
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1Q. Date deceased last worked at this occupation (month and	Com to the surgest
- I Spont in this	2
year) occupation	Dther Contributory Capoes of importance:
12. BIRTHPLACE (city or town) (State of confitry)	protopse of funce
1	
14. BIRTHPLACE (city or town) 2nd	Name of operation Date of
(Stete of Country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME / Wary h Myawa	23. If death was due to external causes (VIDL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT / Wayy A. Menney (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PARENT BATE HOPSENS, 19	Manner of injury
19. UNDERTAKE Matery. Lal,	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED SCC 13, 1931 G. McCorniclin D  Registrat.	(Signed) G. Candle M. Comice M. D.  (Address) Opanows Pann
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. F			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

HYSI-	Exact	
CTLY, P	ssified.	
Every item of information should be carefully supplied ACE should't stated EXACTLY, PHYSI-	CIANS should state DAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
id k sta	ly be pro	ack of ce
E shou	nat it ma	d no su
lied AC	is so th	nstructic
lly supp	ain term	t. See in
carefu	H in pl	portant
ed blue	F DEAT	very in
tion sh	AUSEO	TION IS
informa	state 0	OCCUPA
itein of	should	nent of (
Every	CIANS	staten

PLACE OF DEATH
Baltimore

County ...

(5%)

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

		(No. Philadelph Stemmers F	4-1-3		
PERSON	NAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX Female	COLOR OR RACE White	b SINGLE, MARRIED, Married WIDOWED OR DIVORCED (Write the word)	December 23, 192.31 (Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from		
6 DATE OF BU	January	30th , 1894 (Day) , 1(Year)	November 11th 192 31to December 23, 19232 that I last saw her alive on December 23, 192 3 and that death occurred on the date stated above, at 1:05 Pen		
AGE .	37 yrs 10	lf LESS than 1 dayhrs.	The CAUSE OF DEATH % was as follows:  Acute Rheumatic Endocarditis.		
business, or	ofession or do of work	t home	Contributory Acute Glomerular Nephritis Secondary 2 weeks.  (Duration) 6 weeks.  delication of the contributory of the contrib		
10 NAME FATHE 11 BIRTH OF FA	PLACE		(Signed)  A. L. Wilkinson, 12/24/ 19231 (Address) 5713 Belair Rd.		
(State 12 MAIDE OF MO 13 BIRTH	or country) Mary NAME THER Elizabet	h Nitzel	Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  At place of death yrs. mos da. State, yrs mos. de		
14 THE ABOVE	Mrss Elizabe	est of MY KNOWLEDGE th Richardson	Where was disease contracted, if not at place of death?  Former or usual residence		
15	Philadelphi	Ba Fut M&	20 ANDERBAKER Seemely Dec. 26. 1931.		

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requestive V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At echool or At home. (are should be taken definite salary), may be entered a. household only (not paid Housekeepers who receive a en at home, laborer, Farm laborer, Laborer er." etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner. (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwl alever, write None. Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor. Architect, Locomotive engineer, tion applies to each and every person, irrespective of fuluess of various pursuits can be known. The ques-Statement of Occupation - Precise statement of ocreport specifically the occ pations of persons en-Foreman, (b) Automobile factory. 6 yrs.). For persons who have no occupation For many occupations a single word or term on Or At Home, and children, not gainfully emwithout more precise specification as Day who are engaged in the duties of the -Coal mine, etc. Wom-Housewife, House-As examples: (a) The material

Excement of Cause of Death—Name, first, the pis-LASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumania,"

The certificate is permanently filed

tions answered in detail, it will prevent further correspond

All the data is essential and must be obtained before

If this certificate is looked over thoroughly and all ques

ture head ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the Poisoned by curbolic acid-probably suicide. The na-Nomenclature of the American Medical Association.) train—accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OR State cause for which surgical operation was under-"PUERPERAL septicuemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; myes, peritonacum, etc., Examples: Accidental drowning; Struck by railway "Uraemia," "Weakness," ctc., when a definite disease vulsions," Chronic interstitial nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ...... (name origin; "Cancer" is less definite; avoid of the injury, as fracture of skull, and conseof "contributory." (Recommendations on state-FOR VIOLENT DEATHS STATE MMANS OF INJURIE "Debility" ("Congenital," "Senile," etc.), Carcinoma, Sarcoma, etc., of Always qualify all The contributory "Coma," "Con-(second-(merely (disease

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14105
County Balto	Registration Dist. No. 35
Village or City Marcel and Dies Med	No. St., Ware f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or Lawn where death occurredmos	s
2. FULL NAME James Thomas	as I finard.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH See 24 1937 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fro
	12/6/at in Trans 10. 11 2 2 54 1931
6. DATE OF BIRTH (month, day, and year) 1000, 104 /8 13 7. AGE Years Months Days tf LESS than	I last saw h_s ative on
58 1 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or particular	Con but Hemmanhogs Data of onse
kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc Source Carrier	76 yp. studie Congale
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	J. Langs
work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this occupation (month and this occupation).	
year) Occupation 4	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) JUNE 6	
(State or country)	-
13. NAME Williams Smart	Name of operation. Date of
14. BIRTHPLACE (city or town) Sout / Kersur. (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME China Herbert.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sout Russia	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT LOW WELLAN TY Offacker (Address) Mary land The Ma.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR BEMOVAL Py Date Dec 27, 1931	Manner of injury
19. UNDERTAMEN Varleusley Moyeuraker	24. Was disease or Injury in any way related to occupation of deceased?
20 FILED Dec 25=190 Chester & Faceton	(Signed) CH Garry M.  (Address) Shrushan
Je more blanks are needed address State Resistrate	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 doys ago
The state of the s		====	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year
		- Carlotte	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAINLY,

14106

	I. PLACE OF DEATH	198
1	county Baltimots	Registration Dist. No.
	Village of the Catonselle Upren	9 W6. W St., Ward St., Ward ideath occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence In city or town where deeth occurredyrsmos	2 / ds. How long In U.S. if of foreign birth?mosds.
	2. FULL NAME Richard C King	Prindel bo-
	(a) Residence: No. Ludle, C. Anshall (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  December 3 4  (Month)  (Day)  (Year)
	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Come Man. Ling	22. I HEREBY CERTIFY. Thet I attended deceased from
oî.	6. DATE OF BIRTH (month, day, end year) 7 2 2/1860	t last saw hearn alive on Dee 39, 193; deeth is sald
cat	7. AGE Years Months Days If LESS then	to heve occurred on the dete steted above, at 3 Pomm.
certifica	71 - 71 9 H 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, es SPINNER,	Date of onset
jo 1	SAWYER, BUUNKEEPER, etc.	Pp D
back	Undustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	abbartneumonia 6 day
no	10. Dete deceased last worked et this occupetion (month end year) 11. Total time (yeers) spent in this occupation	
instructions	12. BIRTHPLACE (city or town). amapole,	Other Contributory Causes of importance:
ruc	(State or country)	deptie absorption Ida
inst	E 13. NAME fas. King	
See	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there en autopsy?
t.	E 15. MAIDEN NAME LA COMPA	23. If death was due to external causes (VIOL ENCE) fill in also the following:
important	15. MAIDEN NAME LOANE JONES 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
por	State or country)	Where did injury occur?
very im	17. INFORMANT Charge May King	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
N IS	Place W Hameny Galum Dete My 4 , 1901	Nature of injury
TION	19. UNDERTAKER W. It Hustoficies (Address) MX 25 company Coloris Co (M)	24. Was disease or injury In any wey releted to occupation of decessed? 200
	20. FILED 17/3 193 De Sud Registrar.	(Signed) ADCA . E. Garrett M. D. (Address) Catora and la Mad
	If more blatte the still said will said and	N. Charles Street Patrimon Promotion (1) S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ımple I		Example II	
and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
JAN 5 1932	1921	Run over by street ear	1 week ago
REAU V.B.	July 5, 1927	Peritonitis	3 days ago
f importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	h and related causes	n and related causes  1915 1932 1921 July 5, 1927  f importance:	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street ear  July 5, 1927 Peritonitis  f importance:  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

SCORD

PERMA

--Every item of information should be carefully supplied. ACE should the stated EXACTLY, PHXSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PI

N. B.

1			
PLACE	OF	DEA	HT

County	Baltimore

14107

## STATE OF MARYLAND OF DEATH

	CERTIFICATE
(13)	Registration Di

Vil		Woodlawn L NAME				St:Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
=		AL AND STATIST			1	EDICAL CERTIFICATE	OF DEATH
	sex Female	4 COLOR OR RACE White	SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)		16 DATE OF DE	December (Month)	, 19 <b>2</b> 31 (Year) (Year)
6 1	DATE OF BIRT		mber 25 .	, 1.854 (Year)	17 Nov.	REBY CERTIFY, That I at	tended the deceased from
	AGE	76 yrs. 1]	mos. 14 ds.	I day hrs.		occurred on the date state DEATH * was as follows:	
b	which employed	Mr. Dunn			(Signed)	// M. 14	Lewis mos ds  Lewis M. D  glesiae Ave.
PAR	12 MAIDEN I OF MOTHE 13 BIRTHPLA OF MOTHE (State or C	ACE Lizzie	?		18 LENGTH OI ients or Rece	F RESIDENCE (For Hosp nt Residents) In th	
14	(Informant)	Mr. Frederick ss) Dogwood Roa	Kirk d, Woodlawn	Md.	if not at place of Former or usual residence  19 PLACE OF B  10 Olive 20 INDERTAKE	URIAL OR REMOVAL  COMPTON, ROST Y	Date of Burial December 11931 ADDRESS 1005 West Baltimore St.
		If more banks are	needed, addres &	tate Registra	, 16 W Saratoga	St., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oclaborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed whatever, write None. For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal minc, etc. Grocery; Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all carbolic acid-probably suicide. The n. ture of the injury. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1410	2
infor- state UPA.	1. PLACE OF DEATH	59	
	/ County Baltimore	Registration Dist. No.	
should of OCC	Village or City Catousuille, Md.	No. Shrang Stone State Institution, give its NAME instead of street and number)	Ward
- 70 /	Length of residence in city or town where death occurredyrsmos	- //	ds.
Every CIANS tement	2. FULL NAME MAN & lis abeth &	itamilles.	
D. I	(a) Residence: No. 1411 Priverdide Que Bali	to. St. Ward.	
2 2/8	(Usual place of abode)	If nonresident give city or town and State	
act act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
NT CO	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH December (6 193) (Yaa (Yaa)	ar)
X A C T I	5a. If married, widowed, or divorced HUSBANO of (or) WIFE-21 William & Kitzmeller	22. I HEREBY CERTIFY, That I attended deceased have. 4 1931 to blee (e 19	from
prosition and a second	6. DATE OF BIRTH (month, day, and year)	I last saw hea alive on blee 6 1931 death is	s said
2 2 2	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at// 27 q_m.	
IS A l stated proper	3-2 8 /3- 1day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	
70	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER ROOKKEEPER AND ASSERTED ASSERTE	Date of	onset
HIS be	SAWYER, BOOKKEEPER etc		
should it may n back	work was done as SILK MILL	B	,
N it is	O Data decaased last worked et 11. Total tima (years)	Droucko- Relimenca /d	ay
	o this occupation (month and spent in this yaar) occupation		
o ti	12. BIRTHPLACE (city or town) Murusland	Other Contributory Causes of Importence:	
AD dd. s, s	(State or county)	Dahotes hell to 12	72 .
UNFADING supplied. AGI n terms, so tha	13. NAME John Water	Corbal Embolism 31	10
DHT	13. NAME WATER  14. BIRTHPLACE (city or town)	Neme of operation 2000 Oats of	
-= 70	(State of country)	What test confirmed diagnosis? Was there an aulopsy?_	27.00
carefully CH in pla ortant.	15. MAIDEN NAME OF CACLED WOODS	23. If death was due to external causas (VIOLENCE) fill in also the following:	
INLY, Whe careful EATH in primportant.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19_	
d be car DEATH y import	E State or country)	Where did Injury occur? (Specify city or town, county and State)	
Should look DE DE	17. INFORMANT William C. XItameller (Address) 1611 Riverail Quenue	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
she E O is v	18. BURIAL, CREMATION OR REMOVAL	Manner of injury	-
	Placa Date VIC 7 , 1901	Nature of injury	
WRITH mation cause CAUSE TION is	19. UNOERTAKER COMMENTAL (Address)	24. Was disease or injury in eny way related to occupetion of deceased?	
B	20. FILED 17/6 , 192, Allen	(Signed) Soft E James	M. D.
	Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	
	a, more bunks are necucu, address State Registrar,	2411 IV. Unantes Street, Daitimore, Requesting "U. S. No. 1.	

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Example T		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neparate UREAU V. E.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH

N B

2FULL NAME Hubert . Kotik			number-)
	•	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male	White	SSINGLE, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH
DATE OF BI	IRTH		17 I HEREBY CERTIFY, That I attended the deceased from
	October 18	1882 , 1	apri 1913 1. 10 10 128/ 93/, 192
	(Month)		that I last saw h sim alive on 28th doce 193
AGE	40	If LESS t	nrs. The CAUSE OF DEATH * was as follows:
OCCUPATIO		mos. 11 ds. or m	Pulman and Interculose
(a) Trade, r	profession or	Carpenter	Julminary policitos
-	nature of industry	var periosi	
business, or	establishment in		Duration) Jrs. mosd
9	oyed or (employer)	***************************************	Contributory
State or C	ountry)	stria	Secondary
10 NAME		100110	(Duration) yrsmos
FATHER	Unknown		(Signed) 10/2A21
OF FAT			(Address)
		ustria	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T 12 MAIDE			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
1	Un	lknown	ients or Recent Residents)
13 BIRTH	THER	1 0	At place of death yrs mos. ds. State yrs mos.
		tria	Where was disease contracted,
4 THE ABOVE	E IS TRUE TO THE BEST	T OF MY KNOWLEDGE	if not at place of dea.h?
Unformar	nt) Mrs. Mary .	Kotik	usual residence
			19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Ad	dress) AVOII .AVE.	Turner Station	Sacred Heart of Nary. Cem. Dec 31 1931
(110		711	
5 Filed /5	12/18/192 //	MINOS Lees-	20 UNDERTAKER ADDRESS

14109

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer Telaborer, sary to know (a) the kind of work and also (b) the tired 6 yrs). additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housevile, House household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, 'b) Cotton mill; (a) Salesman. should be used only when needed. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Contract to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation As examples: (a) (6) Grocery,

Statement of Cause of Death—Name, first, the DISERALLE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; nephritis, etc. The contributory and consequences (e. g., sepsis, Nomenclature Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

PLACE OF DEATH .	STATE OF MARYLAND
County Valfunor	CERTIFICATE OF DEATH
	Registration Dist. No. 33
Village or City Ourneys mille No.	Privared Hal Transis market fit death occurred i
vinage of City Color	during a first state of the sta
2FULL NAME Chas OS. Ten	stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
hale White OR DIVORGED (Write the word)	<i>p-um-</i> 7 = , 19 <u>-51</u>
	(Year)
6 DATE OF BIRTH	192 In 192
(Month) (Day) (Year)	that I lest aw it silve an 192-
7 AGE (Hones) (1847)	SV.FP
I day be	
3 yrs. // mos. / ds. or min.	
B OCCUPATION  (a) Trade, profession or Damak Copensor	Ine blowing over storking lung
particular kind of work fraumy School	coming militable completed
(b) General nature of industry business, or establishment in	frashed shufe carry
which employed or (employer)	(Duration) ves, most de
9 BIRTHPLACE (State or country)	Contributory Secondary
mary could	(Duration) Pres mos de
10 NAME OF PATHER OF ALLERO	(Signed) Chronical M. D.
11 BIRTHPLACE	Dic 14 1921 (Address) Tisher will had
H OF FATHER	
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Gleabell TV. Treisenform	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country)	At place of death Lyrs O. mos J. ds. In the 3 dyrs // mos / d
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted at place of death.
COUNTY 1. O.	Former or usual residence ald
(Informana) T. Mafing sufet	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Coursed late 1/raning	Ball: . (U)
Chool	20-UN DERTAGER ADDRESS
15 Filed Rec 14 1923/ 4.91. Slade-	Of Steering
Registrar	Collina . Successi,
If more blanks are needed, address tate Registrs	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Fanner (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, et .: If the occupation has been changed to report specifically the occupations of persons en-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Foreman, etc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Farm laborer. Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The materia single word or term on Grocery,

Strtement of Cause of Death—Name, first, the DIS-EAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping cough; unronuc Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease valvular heart affection etc. The contributory Nomenclature need not be disease; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is parmanently filed.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
and the same of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

PLACE OF DEATH	14113 STATE OF MARYLAND
County Balto.	CERTIFICATE OF DEATH
/ N.1	Registration Dist. No.
and a Y	Cleasant Sanat St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME Mr. Saae	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White SINGLE, Married WIDOWED.  OR DIVORCED (Write the word)	December (Month) 28 (Day) 1877 (Year)
December 3, 1877	17 I HEREBY CERTIFY, That I attended the deceased from July 14 192 1. to December 28 1931,
(Month) (Day) (Year)	that I lest sow h m alive on December 28, 1921,
7 AGE [If LESS than   I day hrs.   day or min?	and that death occurred on the date stated above, at 6.45P m, The CAUSE OF DEATH * was as follows:
GOCCUPATION  (a) Trade, profession or particular kind of work	Pulmonary Tuberculosis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 7 mos. de.
9 BIRTHPLACE (State or country)  Russia	Contributory Secondary  (Duretion) yrs mos ds.
10 NAME OF Samuel Lippner	(Signed) albert 7- Shire M. D.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME ?	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contrected, Balto .
(Informant)	Former or usual residence 1/22 S. Charles St
(Address)	19 PLACE OF BURIAL ORREMOVAL DATE OF BURIAL 12-129, 1931
Filed DW. 28 1923? Amsless Registrar	Jack Lewer 9 re 143 9 & Balto It
If more bianks are needed, address State Registrar	, 16 W. Saratega St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (o) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material additional line is provided for the latter statement; sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-nome, who are engaged in the duties of the without more precise specification as Doy

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory

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JAN 4 1932

WRITE PL

N. B.-

V. S. No. 1

	PLACE OF DEATH	STATE OF MAI
/	County Ba tomore	(3) CERTIFICATE O
	N P	Registration Dist.
Vil	lage or City / rovidenca No.	St.: Ward) a
	2FULL NAME Duncan	la chay ste
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF E
3 5	Lase Volume (Write the word)	16 DATE OF DEATH Dec 2
6 [	DATE OF BIRTH  June 23, 1888  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended Nov 24 1931 to Dec 24 that I last saw h 1 M alive on Nov 26
7 A	73 yrs. 5 mos. 9 ds. or min.?	
p (l	a) Trade, profession or Returned Farmers  b) General nature of industry usiness, or establishment in which employed or (employer)	Contributory Secondary
NTS	10 NAME OF FATHER Duncan Mackay  11 BIRTHPLACE OF FATHER (State or country) Scalland	(Signed) (Durstion) yra  (Signed) (Address) (Address) (State the Disease Causing Death, or,
		Violent Causes, state (1) Means of Injury
PARE	12 MAIDEN NAME OF MOTHER JESSE Mackay	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals,
PARE	OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country) Scotland	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)  At place In the Stateds.
PARE	OF MOTHER  13 BIRTHPLACE OF MOTHER  14 CONTROL OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)  At place of death
14 T	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Informant)	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)  At place of death yrs mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  AD  COMMON C. BURIAL AD

STATE OF MARYLAND

14115

<b>(3)</b>	CERTIFICATE  Registration I	OF DEATH
Ma cha	St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)

MEDICAL CERTIFICATE OF	F DEATH
16 DATE OF DEATH Sec. (Month) 2	2 , 19\$/ (Day) (Year) & 1
17 I HEREBY CERTIFY, That I atter Nov 24 1921 to Dec	2, 192/
that I last saw h 1 M alive on NOV 7	
The CAUSE OF DEATH * was as follows:	reneal
Contributory	
(Durstion)	.утв
(Signed) Wohnt	, M. D.
Dec 2 1928 (Address) Tour	ser And
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, In deaths from ry and (2) Whether
18 LENGTH OF RESIDENCE (For Hospital ients or Recent Residents)	ls, Institutions, Trans-
At place In the of deathyrsmosds. Stste.	yrsmosds.
Where was disease contracted, if not at place of death?	
Former or usual residence.	**************************************
19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER	DATE OF BURIAL  ADDRESS

# UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

REVISED

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the L'nysician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pneumonia,"

telanius) may be stated under the head of "contributory." American Medical Association.) approved by Committee as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart ranne," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traindiseases "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart disease; no ," "Coma," "Convulsions, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Length of residence in city or town where death-occurred PHYSICIAN Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3\_SEX 5. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day) (Yeer) classified 5a. If married, widowed, or divorced HUSBANO of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of × 6. DATE OF BIRTH (month, day, end fear) 7. AGE Months If LESS than to have occurred on the date stated above, at ... 1 dey .... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Oate of onset 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. may Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... on 10 Date deceased last worked et 11. Total time (years) this occupation (month and that occupation Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country 13. NAME 14. BIRTHPLACE (city or town) Name of operation in plain (State or country) carefully 15. MAJOEN TAME very important. 23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_ DEATH 16. BIRTHPLACE (city of fown (State or country pe Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE should OF 18. BURIAL, CREMATION, OR Manner of Injury WRITE AUSE LION Nature of Injury 24. Was disease or Injury In any way related to occupation of deceased?. 19. UNGERTAKER (Address) If so, specify 20. FILEO ... Registrar. Stage Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915 .	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	No		
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a "laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day ""Never return "Laborer," "Foreman," "Manager," "Dealon at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it I ture of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursults can be known. The quescupation is very important, so that the relative healthployed, as At school or At home. Care should be taken definite salary). may be entered as Houseveife, House worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; rary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many ured 6 yrs.). For persons who have no occupation I uslness, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEAGE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occ pations of persons enwork. or At Home, and children, not gainfully emwhatever, write None. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc For many occupations a single word or term on

ELASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

the

certificate is permanently filed.

tions answered in detail, it will prevent further correspond-

quences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) use of "Tumor" for malignant neoplasms); Measics; inges, peritonacum, etc., Caroinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberowlosis of lungs, menstated unless important. ment of cause of death approved by Committee on symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acidand qualify as ACCIDENTAL, SUIGIDAL, OF HOMICIDAL, OF "Puereeral septicacmia," "Puerperal peritonitie," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor-(secondary or intercurrent) affection need not be ...... (name orlgin; "Cancer" is less definite; avoid train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause for which surgical operation was undervulsions," Whooping cough; this certificate is looked over thoroughly and all ques-FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart disease; Example: Measles (disease -probably suicide. The na-"Coma," "Con-

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	14118
1 PLACE OF DEATH	STATE OF MARYLAND
County (Saltemore)	GERTIFICATE OF DEATH Registration Dist. No.
Village or City Annesley, (No. 600, 2 2 FULL NAME & dward	Juntin Rd: Ward)  [If death occurred be a hospital is institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, wioowed on oivonced Single	16 DATE OF DEATH Sec. 7 1981
6 DATE OF BIRTH	March 8 - 28 Mee 7
Jan. 25. 182	1 that I last saw h /m alive on 12-6- 1913/
7 AGE If LESS the	and that death occurred on the date stated above, at 30 A m.
3 Hyrs. 10 mos. 12 ds. OR min.	The CALLET OF DEATH & was as follows:
(a) Trade, profession, or Stewographer particular kind of work	Chronic Pul. Emphy serna
(b) General nature of Industry business, or establishment in one of city Courtr. which employed (or employer)	about (Buration) 3 yrs. mos. ds.
BIRTHPLACE (State or country) Baltimore City	Contributory acute Bronchiter .  Secondary  (Buralien) yes mes 3 4s.
10 NAME OF Patrick Mc Neal.	(Signed) Char, C. Conser. M. O.
0 11 BIRTHPLACE OF FATHER	12-7-, 1931, (Address) 1/0/ N. Fullon are,
(State or country)  (State or country)  12 MAIDEN NAME OF MOTHER P. +	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a Catherine Nailey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
(State or country) / WW Golf,	of deeth yrs. mes. ds. State, yrs. mes. ds.  Where was disease contracted,
(Informant) Phs. Margaret Staylo	tr not at place of death?  Former or  usual residence
Address 600 Dunkirk Road.	18 PRACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 July Butter	ROUNDERTAKER ADDRESS DA
REGISTRAR	Villagente St. Hum 14VY hight

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. If the occupation has been changed yrs.). For persons who have no occupation whatever, -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Women at home, who are engaged in If retired from term on the (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telunus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUBRPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shook," "Uraemia," "Weakness," genital," "Senile," etc.), "Ancemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping "Coma," The nature of the injury, as fracture of skull, (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" "Dropsy," Never report mere "Atrophy," "Exhaustion," ACCIDENTAL, ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
Co	ounty Baltimare	GERTIFICATE OF DEATH
Villag	ge or City Catousville (No. Harler 2FULL NAME Raber Eurnet	Registration Dist. No.  Ladge St.: Ward)  Halla (If death occurre a hospital or instion, give its NAM stead of street number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH Describer, 1933  (Month) (Day) (Year
6 DAT	TE OF BIRTH  March 12, 1879  (Month) (Day) (Year)	that I last saw h was alive on Dec # 1986 1986 1986 1986 1986 1986 1986 1986
7 AGE	If LESS the l day his or mir	rs. The CAUSE OF DEATH * was as follows:
(a) parti	Trade, profession or Blacksmith  General nature of industry	acapria
(a) parti (b) busi whice	Trade, profession or Blacksmith	Contributory Mental Confusion
(a) parti (b) busi whice	Trade, profession or glacksmith  General nature of industry iness, or establishment in ich employed or (employer)  O NAME OF FATHER  Glacksmith  Blacksmith  Black	Contributory Mental confusion  Contributory Mental confusion  (Signed) Odd Market
(a) part (b) (b) busi which  BIR (5)	Trade, profession or ticular kind of work  General nature of industry siness, or establishment in ich employed or (employer)  RTHPLACE (State or country)  O NAME OF FATHER  I BIRTHPLACE OF FATHER  (State or country)	(Signed)  State the Disease Causing Death, or, in deaths from Accidental, Suicidal or Homicidal.  (Durstion)  yrs.  mos.  (Signed)  yrs.  mos.  (Address)  Gatarushurle  *State the Disease Causing Death, or, in deaths from Accidental, Suicidal or Homicidal.
(a) part (b) busi whice 9 BIR (10	Trade, profession or ticular kind of work  General nature of industry iness, or establishment in ich employed or (employer)  THPLACE (State or country)  O NAME OF FATHER  I BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  3 BIRTHPLACE	(Signed)
(a) parti (b) busi whice 9 BIR 11 11 11 11 11 11 11 11 11 11 11 11 11	Trade, profession or ticular kind of work  General nature of industry incess, or establishment in ich employed or (employer)  RTHPLACE (State or country)  O NAME OF FATHER  I BIRTHPLACE OF FATHER  (State or country)  2 MAIDEN NAME OF MOTHER  (State or country)  3 BIRTHPLACE OF MOTHER  (State or country)	(Signed) (Durstion) yrs mos (Signed) (Durstion) yrs mos work (Signed) (Address) Catalana (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents)
(a) parti (b) (b) busi whice 9 BIR 10 11 11 14 TH	Trade, profession or ticular kind of work  General nature of industry incess, or establishment in ich employed or (employer)  RTHPLACE (State or country)  O NAME OF FATHER  I BIRTHPLACE OF FATHER  (State or country)  2 MAIDEN NAME OF MOTHER  3 BIRTHPLACE OF MOTHER	(Signed) (Durstion) yrs. mos.  (Signed) (Durstion) yrs. mos.  (Signed) (Durstion) yrs. mos.  (Signed) (Durstion) yrs. mos.  *State the Disease Causing Death, or, in deaths from the Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yrs. mos. Ads. State of yrs. I mos. 2.6

14119

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. tion applies to each and every person, irrespective of r," etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stited unless important use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, "Atrophy," "Collapse, perilonacum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease chopneumonia (secondary), " "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Every Item of information should be carefully supplied. ACE should be stated EXACTEX, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact ECORD ITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING NLY WRITE PI V. S. No. 1 N. B.

County Baltimore	3 2 3 ~ 0
The state of the s	CERTIFICATE OF DEATH
	Registration Dist. No. 3-3
Village or City Ourings mills (No.	Phone and
	a hospital or institu
2FULL NAME marie matile	Le menzel stead of street an number.)
-FOLL NAVIE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SSINGLE, MARRIED, Smigle	16 DATE OF DEATH Wee 17 1931
Tours le Mhate OR DIVORCED	Wec 17 , 1931
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from July 7 19227 to Lee 17 ,1931
Sept 28, 1900	
(Month) (Day) (Year)	that I last saw h ( alive on blec 17, 193)
7 AGE [If LESS than	
31 yrs. 2 mos. 19 ds. or min.?	. The CAUSE OF DEATH * was as follows:
	Consental Syphilis
(a) Trade, profession or Inmate; Roseword particular kind of work State I raining	Congenial syfthes
(b) General nature of industry School; Owners	
business, or establishment in which employed or (employer) wills, hud.	(Duration) Lifetime de
	Contributory Supplieble Meningelia
(State or country) Baltimore, rud.	2000.000.00
FIO NAME OF	(Signed) Lerge C. Melary M. I
FATHER Oscar Menzel	
In 11 BIRTHPLACE	Dec 17 1937 (Address) Owner mills, h
C (State or country) Germany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME	
of Mother Bertha Eichelberg	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place 19 yrs. 2 mos. 9 ds. In the 31 yrs. 2 mos. 19d
(State or country) Termany	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Origental
Institutional Records.	Former or Baltimore, Ind.
(Informant) Rosewood State I raining	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) School owings mills In	Loudon Park Dec 19. 193/
15 (2016 17)	20 UNDERTAKER ADDRESS
Filed 17 1928 / Souther Registrar	Harry H. Intoke 4101 Ednamdean aus

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (10or given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., tion applies to each and every person, irrespective of to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the DIS-BALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, stated unless important. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping cough; Chronic Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Example: Measles (disease valvular heart disease; etc. The contributory death

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CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Example IION is very important. See instructions on back of certificate. A UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING B.-WRITE PLAINLY, W.

V. S. No. 1

1. PLACE OF					12151
County Baltimore		Registrat	ion Dist. No. 43		
Village or C	ity Stemmers	Run		No. f death occurred in a hospital or institution, give its NA	St., War
Length of resi	dence in city or town where	death occurred		sds. How long in U.S. if of foreign birth?	
2. FULL NAI	ME Catherin	ne Milke			
(a) Residen	ce: No. Stemme	ers Run (Usualplace	of abode)	St., Ward.	dent give city or town and State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICA	TE OF DEATH
s. sex Female	4. CDLOR OR RACE White	5. SINGLE, MARI OR DIVORCEI	RIED, WIDDWED, O (perice the word) PIEC	21. DATE OF DEATH  December (Month)	r lith, 193 l (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Milke			IFY. That I attended deceased from		
6. DATE OF BIRTH	month, day, and year)	April 19	. 1878	I last saw h A alive on	/ b , 195/ ; death is sai
7. AGE Year		Days	If LESS than	to have occurred on the date stated above, at 1	2:30A.M.
5	3 7	22	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related of were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home		Cerebrack	lecorles Date of onse		
SAW MIL	done, as SILK MILL, L, BANK, etc	11. Total ti	ma (vace)	-	
O this occup	pation (month and		tin this		
12. BIRTHPLACE (cit (State or coun	y or town) Balto.	Co.		Other Contributory Causes of importance:	i Pol
13. NAME J	os. Kahler				
13. NAME J 14. BIRTHPLACE (State or	(city or town)Unl	cnown		Name of operation	Date of
1					Was there an autopsy?
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town)  (State or country) Unknown		23. If death was due to external causes (VIOL ENCE Accident, suicide, or homicide?  Where did Injury occur?	Date of Injury, 19		
17. INFORMANT John C. Milke, (Address) Stemmers Run, Md.		Specify whether injury occurred in INDUSTRY, in	y or town, county and State) 1 HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury			
Place_S_t	Peters Cem.	Date Dec	13,,1931	Nature of Injury	
19. UNDERTAKER 7. (Address)	7401 Belair	Road	ofon	24. Was disease or Injury In any way related to po	cupation of deceased?
20. FILED /2	11 1931 9	a Fri	h M.D.	(Signed)(Address)	The second

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write nene.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of death and related causes. Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 5 1982	July 5,1927	Peritonitis	3 days ago
	BURFAU V. S.			
Other contributory ca		(	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

CORD

BINDING PERMAN 1 FOR TH UNFADING INK---THIS IS MARGIN RESERVED

B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact WRITE

CERTIFICATE OF DEATH
141-01
Registration Dist. No. 37
St.: Ward) (If death occurred is a hospital cr institution, give its NAME in stead of atreet and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  OLE 9, 1931  (Month)— (Day)— (Yesr)
17 I HEREBY CERTIFY, That I attended the deceased from 1928 to LIC 9 , 1931  10 that I last saw h ma alive on LIC 9 , 1931
and that death occured on the date stated above, at
artie Regnigitation
(Duration) yrs. mos da
Contributory Secondary  Duration) yrs
(Signed) M. D. J. (Address) Creper M. D. D. M. D. D. M. D. D. D. M. D.
*State the Disease Causing Death, or in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of death yrs mos. ds. State yrs nos de
if not at place of death?  Former or usual residence.
Jesseps Centre Dec 11, 1931
20 UNDERTAKER ADDRESS

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. en at home, who are engaged in the duties of the er," etc., without more process of the laborer. Farm laborer, Laborer—Coal mine, etc. Wom-laborer. worked on may form part of the second statement. Never return 'Laborer,' "Foreman," "Mnnager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Sevant, Coal: to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on For persons who have no occupation Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid Pneumonia"); char pneumonia. Bronchopneumonia ("Pneumonia,");

"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of ...... (name origin; "Cancer" is less definite; uvoid use of "Tumor" for malignant neoplasms); Measles totanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Exhaustion, (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head—homicide; Poisoned by or as probably such, if impossible to determine definitely diseases can be ascertained as the cause. Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; 99 Committee on Nomenclature "Heart failure," "Haemorrhage, Chronicetc. valrular heart Always qualify all The contributory discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exactly is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING B.—WRITE PLAINLY, WI

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14123
1. PLACE OF DEATH	
county Saltin vi	Registration Dist. No.
Village or City Catonsvelle	NoSt.,Ward
Length of residence in city or town where death-occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foralgn birth?ms
2. FULL NAME ROSCOE Colonton mi	tohall
(a) Residence: No. 32 Rich avance	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  December 26 193/
mate Colored Morried	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of  Music Marriad, widowed, or divorced  Music Marriad, widowed, or divorced  HUSBANO of  Opples  Mutchkelf	22. I HEREBY CERT & SY. That I ettended deceased from  Disc 2 2 193/ to See 26 193/
6. DATE OF BIRTH (month, day, and year) June 21-1884	1 last saw h and aliva on DEe 36 ,19 3/ ; daath Is said
7. AGE Yaars Months Days If LESS than	to heve occurred on the data statad above, at 2,4572m.
47 6 5 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and raletad causas of Importanca ware as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, Post Office Clesic	D
9 Industry or business in which	Droneho Vorumona Osa 22,37
work was done, as SILK MILL,	
10. Date deceased last workad et his occupation (month and le 22   11. Total tima (years) spent in this year) occupation	
800t or / 2-1	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) Daniel (State or country)	vaguing very. 37
13. NAME Thomas Hours mitchell	
13. NAME Thomas Having Mutchell 14. BIRTHPLACE (city or town) Lynchburg, Va.	Name of operation. Date of
(State or country)	What test confirmed diagnosis? The west here an au'opsy? 20.
15. MAIDEN NAME Marcha A Surgeds	23. If deeth was due to axternal causas (VIOLENCE) fill an also the following:
16. BIRTHPLACE (city or town) Saltur ore I me	Accidant, suicide, or homicide? Date of injury, 19
17. INFORMANT Croppes Printehall	Where did injury occur? (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Aptirass) 12 Tech Cing	
18. BUHTAL GREMATION OR REMOVAL CLEER 17/39, 19-31	Manner of injury
19. UNDERTAKER Samuel 1. Heyysley	24. Was disaase or injury In eny way releted to occupation of dacaaseg? 200
(Address) 18 Markall St	(Signed) William A Physict M. D.
20. FILEO 193 Revistrar.	(Addrass) 1209 Presidender St.
If more blank or needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphysia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	,
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, W.

V. S. No. 1

STATE (	OF MARYLAND-	CERTIFICATE OF DEA	TH 14124
1. PLACE OF DEATH		(12)	9 .
County Balten	015	Registration (	Dist. No. 30
Village or City Coaton	wirlle offere	igno. Trove Hospe	Cal St., Ward
Length of residence In city or town where	deeth occurred 5 yrs, mo	f death occurred in a hospital or institution, givents NAME ds. How long In U.S. if of foreign birth?	Linstead of street and number)yrsds.
2. FULL NAME Same	& Money m	akor	
(a) Residence: Np. 09eta	esda m	CSt., Ward.	
	(Usual place of abode)	If nonresident (	give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE	OF DEATH
Male Louite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  December  (Month)	29 c (193 (Year)
o. If married, widowed, or divorced HUSBAND of (or) WIFE of Curkeno	m		Y. That I attended deceased from
DATE OF BIRTH (month, day, and year)	1 1 1872	I last saw has alive on Sec	20 - /
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5.30	A_m.
58 0	28   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cause were as follows:	s of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	7	word as follows.	Date of onset
SAWYER, BDDKKEEPER, etc.	Tarmer		
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		00 0	
10. Data deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation	Car Endo Cardely	6 mo
PIDTIPL AND		Dther Contributory Causes of importance:	
2. BIRTHPLACE (city or town)  (State or country)	Sound in	Ol Seta- Noble	les 3ms
13. NAME John M	mennaker	our in or again	sus. Jim
14. BIRTHPLACE (city or town)		Name of operation	Date of
(State or country)	7ª	What test confirmed diagnosis? 220:	
15. MAIDEN NAME Many	Bailes	23. If death was due to external causes (VIOL ENCE) fill	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?D	
(State or country)	Pa	Where did injury occur?	
(Address)	Morrey maker	Specify whether injury occurred in INDUSTRY, in HON	own, county and State) ME, or in PUBLIC PLACE.
BURIAL, CREMATION OR REMOVAL	0 12/- 6 -	Manner of injury	
Place Markette Inc	Data 1424 ,1931	Nature of injury	
O. UNDERTAKER UNIT VIEWS	in Jumphray	24. Was disease or injury in any way related to occupal	tion of deceased? 220
1/2 6		(Signed) Nobt, E. Ga	net M.E
0. FILED, 19	yReginrar.	01	-10 0- 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1.1923	Other contributory causes of importance:	1 year
	1915	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

S. No. 1

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	y item of inform	45 should state	ement of Occup
	ery item of inform	ANS should state	atement of Occup
	-Every item of information should be carefully supplied ACE should be	CIANS should state CAUSE OF DEATH in plain terms so that it may be	statement of OCCUPATION is very important. See instructions on back

	14125
PLACE OF DEATH County & altimus	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Buring (No	St.: Ward)  St.: Ward)  Oncho institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX  4 COLOR OR RACE  B SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month)—(Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from
Dec. 3, 193/ (Month) (Day) (Year)	that I last saw h West of Story My 192.
7 AGE   If LESS than   day hrs.   da. or min.?	and that death occured on the date stated above, at 1 7 mm. The CAUSE OF DEATH was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Many Land	(Duration) yrs mos ds  Contributory Secondary  Suration) / / / yros ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	(Signed)  M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
(Informant) Boring, Md.	Former or usual residence
Filed Ltac, 3 19231 standlast	Win Berymay + Sona Reis, terstown

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the should be used only when needed. As examples: (a) the first line will be sufficient, e.g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Kousekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepais, tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL peritonihis, "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Exhaustion," "Heart Janure, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meastes; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature earbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need Chronic interstitial nephritis, (Recommendations on statement of cause of death American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the chica is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH PHYSICIANS should of (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city eq How long In U.S. if of foreign birth?. statement CORD If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT CIL (Month) classified. BINDING 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of ¥ EX certificate. 6. DATE OF BIRTH (month, day, and year) Days 7. AGE Years Months If LESS than proper to have occurred on the date stated above, at. FOR stated 1 day. \_\_\_hrs. 0 or .... min. were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, & SAWYER, BOOKKEEPER, etc. THIS OCCUPATION RESERVED be of back may pluods 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and no 11, Total time (years) spent in this AGE that vear) \_\_\_\_\_ occupation instructions UNFADING Other Contributory Causes of importance: S 12. BIRTHPLACE (city or town (State or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) in plain (State or country) be carefully What test confirmed diagnosis?\_ MOTHER important. 15. MAIDEN NAME DEATH 16. BIRTMPLACE (city or town) (State or country) Where did injury occur? ... plnous 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, Manner of injury -WRITE AUSE mation Nature of injury LION 24. Was disease or injur 19. UNDERTAKER O (Address) (Signed) 20, FILED Registrar. (Address) If more blanks a

MARGIN

Registration Dist. No.

(Year)

CERTIFY. That I attended deceased from

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Date of onset

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Madres State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
(A) 35	Pal		

/.	. 14127
PLACE OF DEATH	STATE OF MARYLAND
County 18allo	CERTIFICATE OF DEATH
	Registration Dist. No. 33
Village or City Gynday (No	St.: Ward)  Nagoner ' (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWS OR DIVORCED (Write the word)	16 DATE OF DEATH Wee / 2 , 1923 / (Month) (Day) (Year)
6 DATE OF BIRTH  Feb. 10 , 187	17 I HEREBY CERTIFY, That I attended the deceased from  2005. 25 1927. to 450. 12 , 1921,
(Month) (Day) (Year	that I last saw hanye en
B OCCUPATION (a) Trade, profession or	rs. The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer) at D1 19 M Slab	(Durstion) y18-3 mos de,
9 BIRTHPLACE (State or country) MONSIL CAMPO	Contributory Secondary  (Durstion)
10 NAME OF Balun, wagener	(Signed) Dr. M. Dlass M. D. D2014 192/ (Address) Pristers Inn
IN BIRTHPLACE OF FATHER (State or country)  MONYLOND  12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Williams	18 LENGTH OF RESIDENCE (For Heapitels, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Manylend	At place of death
(Informant) Sousse Sel	if not at place of death?  Former or usual residence
(Address) Rushenlown Ma	19 POXCE OF BURIAL OR REMOVAL DATE OF BURIAL DEC 163, 1981
Filed LOW 14 1923/ St. M. Slaste Registrar	20 ph Dentaker Bon Acialiston
If the books are model address Santa David	Ac W Sanatora St Raito Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been charged ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the Automobile factory. The material -Coal mine, etc. Wom-Grocery, (re-

Statement of Cause of Death—Name, first, the DIG-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; us fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and a'l questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

certificate.

See instructions on back of

TION is very important.

-WRITE PLAINLY, WI

V. S. No. 1

state

of OCCUPA-

## STATE OF MADVI AND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	Section 16 DEATH 14128
County Baltimore	Registration Dist. No.
Village or City(If	No. 22 Shipway St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
A contract of the contract of	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Louise Lucy Novotny (a) Residence: No. 22 Shipway (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 14. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec I6 th 1931 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of Milton L Novotny (or) WIFE of Milton L Novotny	22. No HEREBY CERTIFY, That I attended deceased from 1930, to 2010, 1931
6. DATE OF BIRTH (month, day, and year) July 30 th 1891	I last sew hla elive on Dra 40 00 1971; deeth is sald
7. AGE Years 40 4 16 Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, at home SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as STILK MILL, SAW MILL, BANK, etc.	Corcinoma of Breast 11/4/30,
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Rankin P A (State or country)	Other Contributory Canses of importance:
# 13. NAME John Logue	
13. NAME John Logue  14. BIRTHPLACE (city or town) Pa (State or country)	Name of operation Date of Whet test confirmed diagnosis? Clustical Westhere an au'opsy?
15. MAIDEN NAME dont know  16. BIRTHPLACE (city or town)  State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?, 19, 19
17. INFORMANT Milton L Novotny (Address) 22 Shipway	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Warren Ohio Date 12/17/19319	Manner of injury
19. UNDERTAKER folgen Lillwich (Addiess) 2008 following De	24. Was disease or Injury in any wey related to occupation of deceased? 22.
20. FILED/7/7/2, 19 Mearing Registrar	(Signed) M.D. (Address) 2 Tranships Rd. Jundalk, My.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PERTAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	Military and a second
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foremon, (b) Automobile foctory. The material Spinner, (b) Cotton mill; (a) Solesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician. Compositor. Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. r," etc., For many occupations a single word or term on or At Home, and children, not gainfully emyrs. For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the Grocery;

Statement of Cause of Death—Name, first, the pisses. Cause of Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage "Inanition," "Marasmus," Old Age, Shows, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory volvular heart disease; Always qualify all

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Exact	PLACE OF DEATH  County Ballo 6
properly elessified.	Village or City Hatelhorfe (No. , -
certificate.	PERSONAL AND STATISTICAL PARTICULARS
hay be p	Remul. White Single, Willy WED. (Write the word)
that it	6 DATE OF BIRTH  (Month) (Day) (Year)
s so	If LESS that I dayhr.
ATH in plain term y important. See in	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE  (State or country) Bulto Culf
ate CAUSE OF DE/ CUPATION is very	10 NAME OF HAPHER LUCUS PENNS TO 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MORGER CONTROLLER Ruley
CIANS should sta statement of OCC	13 BIRTHIP LACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Information)  (Information)
State	(Address) Tralelmorp MO,  15) Filed Dec 18 B1 De Kie ffe

st: Ward)	(If death occurred in a hospital or institu- lon, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH AZC (Month)	/7 , 198/ (Day) , 198/
that I last saw harmalive on	e 17 ,195/
The CAUSE OF DEATH & was as follows:	orlage
Contributory antenio Sek	yrs mos de
(Signed)  *State the Disease Causing Death, Violent Causes, state (1) Means of Injunctional Accidental, Suicidal or Homicidal,	Lherty by to 9
18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
At place In the	yrsmosda
Former or usual residence	
Green Mount	DATE OF BURIAL

# CERTIFICATE OF DEATH

(Approved by U. S. ensure and American Public Health Ass. iou.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deala. ditional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various parsuits can be known. eupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are eugaged in the duties of the laborer, Farm laborer, Laborerer," ete., (a) Foreman, (b) Automobile factory. Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemuid, etc. If the occupation has been chauged to report specifically the occupations of persons en-Statement of Occupation-Precise statement of oe-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-The material The ques-

Eta.ement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

conditions, such as "Asthenia." "Amaemia" (merely stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; quenees (e. g., sepsis, totanus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Tuanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. mges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "eontributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolle acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. taken. State cause for which surgical operation was under "PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. "Uraemia," "Weakuess." etc., when a definite disease vulsious," causing death), 29 ds.; Bronehopncumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; ...... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Cougeuital," "Senile," etc.) Never report mere symptoms or terminal Carcinoma, Sarcoma, etc., of (Recommendations on state-The contributory (secoud-

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JAN 4 1952 BUREAU V. F

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WRITE PLALY,	N. B Every Item of Information should
PL	- To
'RITE	item
×	Every
T	184

V. S. No. 1

	14132	
PLACE OF DEATH	4,400	STATE OF MARYLAND
County Ballo	107-02	CERTIFICATE OF DEATH
0.1		Registration Dist. No. 33
Village or City State (No	mil	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIO	CAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED, WILDOWS OR DIVERSE OF THE PROPERTY OF THE P	18 DATE OF DEATH	
B DATE OF BIRTH	17 I HEREB	Y CERTIFY, That I attended the deceased from
Month) (Day) (Year)	that I lost saw h	1923/. to be 7/ , 1923/, 1_alive on be 7/ , 1923/,
7 AGE  7 yrs. mos. ds. or min.?		TH * wes es follows:
(a) Trade, profession or particular kind of work Haul wolk		
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Secondary	Brusely Presumers
10 NAME OF FATHER John Mc leauly	(Signed) J1	(Address) Plyestar level
OF FATHER  (State or country)  Maryland  12 MAIDEN NAME	*State the I Violent Causes, s Accidental, Suicidal	Disease Causing Death, or, in deaths from tate (1) Means of Injury and (2) Whether or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State of Country)  MALLIAMA	ients or Recent R  At place of deathyrs	esidents) In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease con if not et place of des	tracted,
(Address) Ilyndan MC	19 PLACE OF BURIA	E. Semelar Dec 23. 1931
Filed Act 23 1923/ Ofrndlass	20 UNDERTAKER	ADDRESS  ADDRESS
If more bianks are needed, address tate Registrat	, 16 W. Seratoga St.,	Balto., Requesting V. S. No. 1. M.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease; Nomenclature of the

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DEC 25 1991

K KUPA V SA

BINDING

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis J.N 4 1992	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SP	ACE FOR FURT	HER STATEME	NTS BY PHYS	SICIAN	
I was not	ealled to	- see The	a festient	until a	the her de	acho
on moun.	SI DEC 21	31.	I had	treated	( fers) some	nl.
years fires	ribus.					
0						

MARGIN RESERVED FOR BINDING

1	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 14134
1	ACE OF DEATH	1170
Co	ounty Valleurore	Registration Dist. No.
Vi	illage or City alousville	No. 2.6 College CVE. St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)
Le		ds. How long in U. S. if of foreign birth?yrsmosc
2. FU	TLL NAME X chard lele	40
(a	Residence: No. 2/0 (Cotects ave (Usual place of abode)	St., Ward.  If nonresident give city or town and State
P	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Couries the ward	21. DATE OF DEATH (Month) (Day) (Year)
HUSI	ried, widowed, or divorced BAND of WIFE of	22. I HEREBY CERTIFY, That t attended deceased from 19, 19, 19, 19
	OF BIRTH (month, day, and year)	I last saw h ative on, 19; death is s
7. AGE	Years Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.  The PRINCEPAL CAUSE OF DEATH and related causes of importance were as follows:
8. T	rade, profession, or particular kind of work done, as SPINNER,	
9.10	SAWYER, BOOKKEEPER, etc. 77	Tailing Hammonday
CCUPATION 60 6	work was done, as StLK MILL, SAW MILL, BANK, etc	Sapone W VIII College
0 10.0	ate deceased last worked at this occupation (month and spantin this	
	HPLACE (city or town)  Applicate or country)	Other Contributory Causes of Importance:
13. N.	AME Kohen Pelert	
h- 1	IRTHPLACE (city or town)	Name of operation Date of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. M	IAIDEN NAME MUCUOWN	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BI	IRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury191
17. INFOR	(State or country)  (MANTHUS: White Peters  (Address) 2 O Roberts Ques - Catoring II	Where did injury occur?  (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIA	ace Western Star Date Der 24, 19.3	Manner of injury
19. UNDER	RTAKER Easton Soundidies) Elliste Mil	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED	/n 1937 Bet Linder Residerar.	(Signed) (Address) Catour Celle

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy	Date of onset
Chronic interstitial nephritis JAN 5 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### HEALTH DEPARTMENT—CITY OF BALTIMORE

SSE very	HEALTH DEPARTMENT	C-CITY OF BALTIMORE 14135
Z	CERTIFICAT	E OF DEATH 4
Every item INS should state of OCCUPATION	2-FULL NAME MANUEL TO THE PLACE OF DEATH  3-FULL TO THE PLACE OF D	REGISTERED NO.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PCOR Internit	(a) RESIDENCE NO. (Usuai place of abode)  Length of residence in city or town where death occurred yrs. mos	ST., (1f non-resident give city or town and State)  d. ds. How long in U. S., if foreign birth? yrs. mos. ds.
T RP PHY Statem	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
IDING FANENI TLY. P Exact st	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, and year) See, 2.1931
AC .	5a 1f married, widowed, or divorced HUSBAND of (or) WIFE of 12 Chester, Thillip	HEREBY CERTIFY, That I attended deceased from
FOR ES A PE ated EX.	6 DATE OF BIRTH (month, day, and year)	and that death occurred, on the date stated above, at 10 G.m.
RVED THIS I d be st operly tes.	7 AGE Years Months Days If LESS than I day,hrs. ormin.	The CAUSE OF DEATH* was as follows:
ES. NK Sho be rtif	(a) Trade, profession or Joure (particular kind of work)  (b) General nature of industry,	
GIN R. J. AGE 1. AGE to the may	business, or establishment in which employed (or employer)	CONTRIBUTORY Concerns
MAR INFA pplied so that	9 BIRTHPLACE (city or town)	13 Where was disease contracted and the state of death?
ns, ons	10 NAME OF FATHER Chan Mose head	Did an operation precede death? Date of March 193/
rie care	II BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis? (Signed) M. D.
E PLAIN should by ATH in pant. See	12 MAIDEN NAME OF MOTHER DEARCH Weigrand	Bee 619 3 (Address) 612 N40 1+
WRITE 1 nation sho F DEAT	13 BIRTHPLACE OF MOTHER (city or town). (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Snicidal, or Homicidal. (See reverse side for additional space.)
WRITI mation OF DE, importa	14 Informant Mus. Hom. Booth Price	19 PLACE OF BURIAL, CREMATION OR RE- MOVAL
z. (S)	15 Filed 193 Begistrar	20 UNDERTAKER ADDRESS
Sec. of	Degistrar	Many ( Medelill & Laco Catalon

[Approved by U. S. Census and American Public Health Assn.]

Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fire-The question applies to each and every person, irrespective of age. For many occupations a single ease causing death, state occupation at beginning of illness. If retired from business, that fact may be etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who Never return Laborer, "Pealer," etc., without more precise specification, as "Inhorer, Laborer—Coal Mine, employments, it is necessary to know (a) the kind of man, etc. indicated thus: Farmer (retired, 6 yrs.). wife, Housework or At home, and children, not gainreceive a definite salary) may be entered as House-Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," vided for the latter statement; it should dustry, work and also (b) the nature of the business or inword or term on the first line will be sufficient, e. g., occupation is very important, so that the relative who have no occupation whatever, write None. has been changed or given up on account of the DIS persons engaged in domestic service for wages, be taken to report specifically the occupations of fully employed, as At school or At home. Care should healthfulness Statement of Occupation .- Precise statement of when needed. As examples: (a) Spinner, Cotton mill; (a) Salesman, (b) Grocery; (a) and therefore an additional line is pro-Cook, Housemaid, etc. If the occupation But in many cases, especially industrial of various pursuits can be For persons be used known.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin

"Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, nature of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Exsulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State "Weakness," etc., when a definite disease can be asphy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atroon Nomenclature of the American Medical Associaamples: Accidental drowning; Struck by railway train cause for which surgical operation was undertaken. certained as the cause. Always qualify all diseases re-Example: Measles (disease causing death), 29 ds.; current) affection need not be stated unless important. nephritis, etc. The contributory (secondary or inter-Chronic valvular heart disease; Poisoned For VIOLENT DEATHS state MEANS OF INJURY and qualiaccident; Revolver wound of by carbolic acid-probably suicide. Chronic interstitual head-homicide;

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN

CENVED N 5 1932 REAU V. S.

CORD. Every item of inforshould state Exact statement of OCCUPA. PHYSICIANS stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY, V. S. No. 1

ğ ż

1. PLACE OF DEATH		19100
County Rule	O.	Registration Dist. No. 33
Village or City	erstyon/	No. St., Ward
Length of residence in city town where d		f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?yrsmosd:
2. FULL NAME / MANY	elice This	RI
(a) Residence: No.	Kusual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. sex 1. color of RACE	5. SINGLE MARRIED, WIDOWED, OR DOORCED (weight the word)	21. DATE OF DEATH  Sec S 193 / (Month) (Dey) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	1	
(or) WIFE of	0	22. I HEREBY CERTIFY, That I ettended deceased from
A DATE OF SIGNAL	19-1929	, 130/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	I last saw h alive on
7 3 1	7 20 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
~ (	ormin.	were es follows:  Date of onsot  Date of onsot
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Lose	was felian fullenty fee
9. Industry or business in which	7/ 0	the town Currelson,
work was done, as SILK MILL, SAW MILL, BANK, etc.	fuld	and there are
- I - this occupation (months one	11. Total time (years) spent in this	
year)	occupetion	Other Contributory Couses of importance:
12. BIRTHPLACE (city or then)	( 7,2	Can Lend
(Stata or country)	1 Color	any custoday game
13. NAME OCKARA	Umpper	
13. NAME (Jeckas)  14. BIRTHPLACE (city or town)	2	Name of operation Date of
(State or country)	B	What test confirmed diagnosis? Stelloach Was there an autopsy? he
15. MAIDEN NAME Clice  16. BIRTHPLACE (city or town)	Verry	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	1	Accident, suicide, or homicide? Dete of injury19
E (State or country)	DP .	Where did injury occur?
17. INFORMANT (Address) On the	pypp	(Specify city or town, county and State) Specify whether lajury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, PREMATION, OR REMOVAL	7-0-5	Manner of injury
Place Kuly Mrs	Date	Manner of injury
19. UNDERTAKER (Address)	I Heursby	24. Was disease or Injury In any way releted to occupation of deceased?
(nautess)		If so, specify
20. FILED 40. EC 1019 3/ 19	-: Mi	(Signed) M. II

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes Date of onset of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	TANK	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1332	1931	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	=
Gallstones		May 1,1923	Gastroenteritis	1 yeor
,				

N.B.-Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD MARGIN RESERVED FOR BINDING TH UNFADING INK --- THIS IS A PERMA WRITE PLA

7. S. No. 1

PLACE OF DEATHY MY	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 44
Village or City (No)  2FULL NAME Chusting M.	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 gex 4 COLOR OF RACE 5 SINGLE, MARRIED WIDOWALL (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH MAY // , 1866 (Youth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased fram 192 to 192 that I last saw h alive on 192 192 192 192 192 192 192 192 192 192
7 AGE    If LESS than   I day hrs.   ds. or min.?	and that death occured on the date stated above, at
8 OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
BIRTHPLACE (State or country) Palls City Mal	Contributory Secondary  (Duration)
10 NAME OF FATHER CAS DEP KAINLEY  (1) II BIRTHPLACE	(Signed) M. D.
OF FATHER (State or fountsy)  12 MAIDEN NAME  OF FATHER (State or fountsy)	*State the Discsse Causing Peath, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Structed  13 BIRTHFUACE OF MOTHER (State or country)  Sermany	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	at place of death?
(Address) Nillside ave	Jougan Park Del 18. 131
Filed alla 19 1923 ( Sha Miles flan Registra)	Manshall 339 fell
If more hanks are morded address State Posisters	IS W Saratora St Raito . Requesting V S No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of occn at home, tion applies to each and every cepation is very important, so that the relative health the first line will be sufficient, e. g., Farmer or Planter, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed whatever, write None. Foreman, For many occupations a single word or term on Farm laborer, Laboreryrs). without more precise specification as Day w'o are engaged in the duties of the (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation person, irrespective of -Coul mine, etc. (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect, to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal menin-itis"); Diphtheria (avoid use of "Croup"); Typhoid fewer insperse report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia");

> inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of ....... (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopmcumonia (secondary), stated unless important, Example: Measles (disease (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, discases resulting from childbirth or miscarriage as "PJERPERAL septicaemia," "P" "ERAL peritonihis," etc. State cause for which surgice eration was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; can be ascertained as the cause. tetanus) may be stated under the head of "contributory" accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUN as fracture of skull, and consequences (e. g., scrsis, carbolic acid-probably suncide. The nature of the injury, approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronicvalvular heart discuse etc. The contributory Nomenclature of the Always qualify all MEANS OF INJUNY AL, OF HOMICIDAL, not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

B.-WRITE PLAINLY, W.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

1. PLACE OF DEATH  County Salvace No. St., Warred No. St., Warred No. St., Warred No. St., Warred No. St., St., St., St., St., St., St., St.	AND—CERTIFICATE OF DEATH 14138	STATE OF MARYLAND—		
County Village or City Christopes No.  No.  St., Ware Ware death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred in a horpital or institution, give its NAME instead of street and number)  J. How long in U. S. If of foreign birth? yrs mos di  PPERSONAL AND STATISTICAL PARTICULARS  J. SEX	942			
Village or City.  No.  (If death occurred in a horpital or institution, give its NAME instead of street and number)  J. Sex.  Vard.  V	Registration Dist. No. 324 (34)	160/N		
Length of residence in city or town where death occurred yers and state PPPER    2. FULL NAME   Clusus place of abode   St.   Ward.    (a) Residence: No.   Clusus place of abode   St.   Ward.    (b) St.   Ward.   If nonresident give city or town and State    PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (work ple word)    (b) St.   If married, widowed, or divorced   HUSBAND of (or) WIFE of   Country place of abode   St.   St.   St.    (c) DATE OF BIRTH (month, day, end year)   Nov.   4.   A. D.    (c) DATE OF BIRTH (month, day, end year)   Nov.   4.   A. D.    (c) DATE OF BIRTH (month, day, end year)   Nov.   A. D.    (c) DATE OF BIRTH (month, day, end year)   Nov.   A. D.    (c) DATE OF BIRTH (month, day, end year)   Nov.   A. D.    (c) DATE OF BIRTH (month, day, end year)   Nov.   A. D.    (d) DATE OF DEATH and related deceased from the date stated above, et.   A. D.    (d) DATE OF DEATH and related causes of importance were as follows:  (e) The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  (d) Date of once   Nov.   A. D. D.    (d) Date of once   Nov.   A. D.	No. St., Ward			
2. FULL NAME  (a) Residence: No. Buttus A. (Usus/place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (winter the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winter the word)  (Month)  (Month)  (Day)  (Year)  2. DATE OF DEATH  2. I HEREBY CERTIFY That I ettended deceased fro your of the particular of the par				
(a) Residence: No. Sattle (Usus/place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (winter the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Total time (years) spent in this work one occupation  To Date of abode)  St., Ware.  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE  MEDICAL CERTIFICATE  MEDICAL CERTIFICATE  MEDICAL CERTIFICATE  MEDICAL CERTIFICATE  MEDICAL CERTIFI				
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (winter) e word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BUOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) spent in this cocupetion (month end year)  11. Total time (years) spent in this cocupetion (month end year)  12. DATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  22.  1 HEREBY CERTIFY That ! ettended deceased fro  NOV. 19 3 1, to 19 3		101. 20		
3. SEX  4. COLOR OR RACE OR DIVORCED (rumle p) word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or	e) If nonresident give city or town and State	(Usua/place of abode)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trede, profession, or particular wind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) occupation  The Date deceased last worked at this occupation (month end ) 926  11. Total time (years) occupation  The Date deceased last worked at this occupation (month end ) 926  11. Total time (years) occupation occupation  The Date deceased last worked at this occupation (month end ) 926  11. Total time (years) occupation occupation occupation  The Date deceased last worked at this occupation occupation occupation occupation occupation				
HUSBAND of (or) WIFE of Encine Education (or) WIFE of Education (or) WIFE of Encine Education (or) WIFE of Education (or) WIFE of Encine Education (or) WIFE of Educat	pe word) 2 . 9 - 193/			
6. DATE OF BIRTH (month, day, end year) Nov. 4, 1852  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month end 1926 11. Total time (years) spent In this occupation.	er de la contraction de la con	HUSBAND of		
7. AGE Years Months Days If LESS than 1 day, hrs. or rain.  8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) spant in this occupation (month end 1926   11. Total time (years) occupation occupation occupation   11. Total time (years) occupation   12. Total time (years)   13. Total time (years)   14. Total time (years)   15. Total time (years)   15. Total time (years)   15. Total time (years)   16. Total time (years)   16. Total time (years)   17. Total time (years)   18. Total time (years)   18. Total time (years)   19. Total time (years)	A 0 1931	1/25/11 /1863		
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) spent in this occupetion (month end year) occupation occupation.				
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year) occupation	Art Sclesson Date of onset	8 Trade profession or particular		
year) occupation	Chronic Myorachial Tailer	SAWYER, BOOKKEEPER, etc.		
year) occupation	<i>f</i>	work was done, as SILK MILL, SAW MILL, BANK, etc.		
	s 60p			
12. BIRTHPLACE (city or town) New Werdsor	Other Contributory Causes of Importence:	12 RIPTIBLACE (city of town) New Windson		
(State or country) Thankland Coronary / hismoses fee. 9 h	ed Coronary Thromboses Dec. 9 1931	(State or country) Maryland		
13. NAME Loedfrey fight		13. NAME Soedpey Jefer		
13. NAME Southey Services  14. BIRTHPLACE (city or town) Services Name of operation.  (State or country) What test confirmed diagnosis? Westhere an autopsy?	Name of operation Date of	14. BIRTHPLACE (city or town) & Charles any (State or country)		
		15. MAIDEN NAME / MALL Buckham		
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city er town)  16. BIRTHPLACE (city er town)  16. Control or country)  17. MAIDEN NAME  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  19. MAIDEN NAME  23. If death was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city er town)  16. BIRTHPLACE (city er town)  17. MAIDEN NAME	Accident, suicide, or homicide? Date of injury, 19	5 16. BIRTIPLACE (city or town)		
Where did injury occur? (Specify city or town, county and State)	(Specify city or town, county and State)	State or country)		
17. INFORMANT Archiver of Utility Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address) Sarrison Tid.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL  Place New Www. Date Dee 11, 1931  Neture of injury	10.3/			
19 UNDERTAKER Harvy Banker 24. Wes disease or Injury In any wey releted to occupation of deceesed? No		10 HNDERTAKER Harvy Bankers		
(Address) Waturity my If so, specify A	1			
20. FILED Der 11, 1931 & E hickals (Signed) fame M. (Adress) Milesville, M.	1 81 - 0 - 200			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

T3 1	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	1
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

m

Polto

## STATE OF MARYLAND CERTIFICATE OF DEATH



Village or City Parkton (No.	Registration Dist. No. 3
Full NAME D.B. Purcell	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single (Write the word)  Source of Birth	16 DATE OF DEATH December 21 1931 , 191 (Month) (Day) (Year)  17 I HEREBY GERTIFY, That I attended deceased from Dec 21 , 131 , to December 21 , 131
(Month) (Day) (Year)  7 AGE  11 LESS that 1 day,hrs 2 yrs. / mos. / a ds. ORmin.?	The CAUSE OF DEATH* was as follows:  Broken Neck (Accidental)
(a) Trade, profession, or particular kind of work	(Duration) yrs. mos. ds.  Contributory (Secondary)  (Duration) yrs. mos. ds.
10 NAME OF FATHER 3.B. Purcell  11 BIRTHPLACE	(Signed) Milur Bottom, M. D.  Dec21 19131 (Address) White Hall Md
Z (State or country) Not Known  12 MAIDEN NAME Q OF MOTHER  T A TE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Not Known  14 THE ABOVE IS TRUE TO THE BEST, OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs mos ds. Where was disease contracted, If not at place of death?
(Informant) W. O Sailatt macy.  (Address) Parlett Turnal Home In  (Address) Machine To Am ha  REGISTRAR	Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the distant cause of death—Name, first, the distant causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of sucb, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUST and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUTEPTEAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic ver" is iess definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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ACE shithat it		(1)
00	7 /	AGE
elle ms inst		yrs.
supi In ter See	0	occupation a) Trade, profession or articular kind of work
be carefully supplied. EATH in plain terms so important. See instru	Lb	b) General nature of industry usiness, or establishment in which employed or (employer)
be ca EATH Impo	9 8	(State or country)
E CF DI		10 NAME OF FATHER Am.
	ARENTS	OF FATHER (State or country)
matre e CA	PARE	12 MAIDEN NAME Sala
GIANS should state CAUS statement of OCCUPATION		13 BIRTHPLACE OF MOTHER (State or Country)
should	14	THE ABOVE IS TRUE TO THE
Every Item of CIANS should statement of O		(Informant) 7/m.
Every I		(Address) mus
BEv	15	Filed Lec. 21 1928
z		If more hanks

PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

S SINGLE,

WIDOWED.
OR DIVORCED
(Write the word)

(Day)

If LE

Village or City middle

3 SEX

1	4	1	4	U
6				

## STATE OF MARYLAND CERTIFICATE OF DEATH

(1	(9) CLITTICATE OF DEATH
	Registration Dist. No. 44
ar	Quillin Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
3	MEDICAL CERTIFICATE OF DEATH
1	16 DATE OF DEATH  (Month) (Day) (Year)
931	17 L HEREBY CERTIFY, That attended the deceased from
(Year)	that I last saw halive on, 192,
SS than	and that death occurred on the date stated above, atm.
hrs.	Sastro-enterities CW45R.
	Contributory and all a status meanatorum Secondary Secondary weight about 3/2 ffs, at death foundie merer cleared of de. (Signed) All All All M. D.
	*State the I isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
fer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

18	LENGTH OF RESIDENCE	(For	Hospitals,	Institutions,	Trar
	ients or Recent Residents)				
At	place		In the		

Former or usual residence

19	PLACE	OF	BURIAL.	OR	REMOVAL
	0	/	,		, 1

DATE OF BURIAL

O UNDERTAKER

mully

ADDRESS

If more banks are needed, addre.s ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

'. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"('Exhaustion,')" "('Heart lauure, ')" "('Inanition,')" "('Marasmus,')" "('Old Age,')" "Shock,')" "('Uraemia,')" "Weakness,'' etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HYSI- Exact	PLACE OF DEATH County DALL C	STATE OF MARYLAND CERTIFICATE OF DEATH
ated EXACTLY, Poperly classified.	Village or City Jwynnbrowko.  2FULL NAME Clument M.	Registration Dist. No. 33  St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
roper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ould be st may be pr n back of	3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCES (Write the word)	16 DATE OF DEATH 20, 1923/ (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
	Sefet 30, 1892 (Mgnth) (Day) (Year)	that I last saw h Amalive on Bee / 1 , 1923/
s so	7 AGE  3 7 yrs. 2 mos. 12 ds. or min.?	
ly suppli- ain term . See ins	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
be carefully EATH in pla important.	business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Carden Secondary
CF DE/	10 NAME OF FATHER FOR MINISTER STATES AND SELECTION OF THE PROPERTY OF THE PRO	(Signed) (Signed) (Address) Plyman Ly
AUSE ION I	OF FATHER (State or country)  Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
rmat ite C	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
f Inford stat	OF MOTHER (State or Country)	At place of death
item o shoui	(Informant) Mrs lelement Reesl	if not at place of dea.h?
Every item CIANS sho statement	(Address) Jaymobrook Ma	all Davils Comeley Dec 14. 1931
. B	Filed SLC 13 1922. 4. M. Slade - Registrar	1. F. Eline - Sin Resolution ma
2	If more branks are needed, address State Registrate	A6 W. Saratoga St., Balto., Requesting V. S. No. 1.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on (Recommendations on statement of cause of death stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid Chronic etc. The contributory affection need valvular heart Nomenclature of the Always qualify all disease; not be

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	aid w
County Baltimore	Registration Dist. No. 43
	No. St., Ward  If death occurred in a hoppital or institution, give its NAME instead of street and number)  s. ds. How long/INU. S. if of foreign birth? yrs. mos. ds.
	0 0
2. FULL NAME Edward W. Reichert  (a) Residence: No. Perry Hall, Md.  (Usual place of abode)	St., Vard.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Male White Single  5a. If married, widowed, or divorced	21. DATE OF DEATH  December 25th 193 1 (Month) (Day)
HUSBAND of (or) WIFE of	[2.] I HEREBY CERTIFY, That t attended deceased from
^	to, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Ct. 15. 1914  7. AGE Years Months Days If LESS than 1 day, 1 hrs.	I last saw halive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL. SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year) occupation	accidented Traumation  Ly autorobile
12. BIRTHPLACE (city or town) Balto, Co. (State or country) Md.	Other Contributory Causes of importance:
13. NAME Wm. E. Reichert 14. BIRTHPLACE (city or town) Balto. Co.	
14. BIRTHPLACE (city or town) Balto. Co.	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Amelia R. Blucher  16. BIRTHPLACE (city or town) Balto, Co.  (State or country) Md.  17. INFORMANT Thilip Reichert (Address) Glen Arm, Md.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sh. Wicharle Com. Date Dec. 28, 1931	Manner of injury Hit lay automobile  Nature of Injury
19. UNDERTAKER Frederick Facalm IIII (Address) 7401 Belgin Port  20. FILED 12/2+, 1931 D. a. Fritz M. D. Registrar.	24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  M. D.

PHYSICIANS should state

AGE should be stated EXACTLY.

properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAINLY, W

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I UNFADING INK—THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

SCORD. Every item of infor-

of OCCUPA-

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example CEIVE		Example II	
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis  Arteriosclerosis	S Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis BUREAU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	ILY,
	PL
	WRITE
V. S. No. 1	(
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PLACE OF DEATH
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Baltimore County.





## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 4

Village or City Lansdowne (No. 25 Fourth  2FULL NAME Charlotte Riemann	Ave. St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Widowed Or Divorced (Write the word)	December 30 , 192 31 (Month) (Day) (Year)
October 8 , 1862 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from There 30 1931. to Plea 30 , 1931.  that I last saw h. Cr. alive on Plea 30 , 1931.
7 AGE    If LESS than     day hrs.     day hrs.	and that death occurred on the date stated above, at 6 A. m. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Germany	(Duration) vrb. mos. ds.  Contributory Jewesl arter o Schleront
10 NAME OF Unknown	(Signed) (Address) Halethorpe, Md.
OF FATHER  (State or country)  Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of mother Johanna Bock	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Germany	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted.
(Informant) Miss Margaret Riemann  (Address) Lansdowne, Md.	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Fif th German Reformed Cem. January 2, 1952.
15 Filed De 34 1923/ Le Mukeffer	ADDRESS 1003 West Baltimore St.

(Approved by U. S. Census and American Public Health Association.)

'laborer, Farm laborer, Laborer—Coal mine, etc. Womfulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Whooping cough; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, Chronic etc. valvular heart Nomenclature The contributory disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RESERVED FOR

MARGIN

	. 4 ;
1PLACE OF DEATH	14144 STATE OF MARYLAND
County Balling	CERTIFICATE OF DEATH
	Registration Dist. No. 32
Village or City Tikesville (No.	//6 1 2 2 *
2FULL NAME Eva Rose	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernole White (Write the word)	16 DATE OF DEATH , 1923 /
DATE OF BIRTH	(Month) 22 (Day) /93/ (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
August 5, 1855,	Jan 19231. to Oce 21, 1923/
(Month) (Day) (Year)	that I last saw h M alive on Dec 2 , 1923,
AGE If LESS than	The state of the s
To yrs. A nios. 17 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Bronde Premowie
(b) General nature of industry business, or establishment in	(Duration) vre. mos 5 de.
BIRTHPLACE (State or country) Ball	Contributory Chrun Interstine Smelets
10 NAME OF POTO ROLL	(Signed)
11 BIRTHPLACE	Dee 22 1923/ (Address) Glynden Weg
OF FATHER (State or country) France	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHERS of Line Matilda albers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE  OF MOTHER  Q	At place In the
(State of country) Sallina, Und	of death
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mis, Wom. Tu Andaisan	191 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Tellesville, West.	Greenmonattemete 12/24, 193/
Filed Dle 22 18/ Dr. E. & nichols	20 UNDERTAKER SOSU Calout II
Registrar	Heorneas Isa 8054 Calout St

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. busines. -that fact may be indicated thus; Farmer (reil state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEADH. definite salary, may be entered as Housewife, Housework, or 41 Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the cases, whatever, write Nonc. Housemaid, etc. If the occupation has been changed and gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil Agineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, etc., Foreman, especially in industrial employments, it is neces-For many occupations a Farm laborer. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Automobile factory. The material Laborer--Coal mine, etc. Womsingle word or term on Locomolive engineer, (6) Grocery;

Streament of Cause of Death—Name, first, the Didden in the causation, using always the same accepted to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease approved by Committee on beganus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilondeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; or intercurrent) Chronic valvular heart disease; etc. The contributory affection Nomenclature need not be

If this certificate is looked over thoroughly and all questions appropriate in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1932

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Balling Registration Dist. No. (If death occurred im a hospital or institution, give Its NAME Instead of street and MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH WIDOWED. OR DIVORCED Write the word) I HEREBY CERTIFY, That I attended the decessed from 6 DATE OF BIRTH (Month) (Day) and that death occured on the date stated above, at & IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was es follows: B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF \*State the Discase Causing Death, or, in desths from Violent Caus.s, atate (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) ATIO 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHER .... yıs...........ds. 0 Where was disease contracted, if not at place of death?.. usual residence DATE OF BURIAL

If more brenks are needed, address State Registrer, 16 W. Seretoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (o) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (o) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager," 'Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed Physician, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. without more precise specification as Doy Compositor, Architect, For persons who have no occupation Locomolive engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Iobor gneumonia. Bronchopneumonia ("Pneumonia.")

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If this certificate is looked over thoroughly and all quations answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state Every item of infor-Exact statement of OCCUPA. CORD stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING certificate. MARGIN RESERVED þe mation should be carefully supplied. AGE should be TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may B.—WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH	D CERTIFICATE OF BEATTI 131311
County Ballemon	Registration Dist. No.
Village or City Pelles ville	No. 26. Walden Acr St., Ward
4 .	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Anna Durbara /	upperx
(a) Residence: No. 26 Walder Acr	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW	
June Waits OR DIVORCED (write the w	, 193
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
(or) WIFE of Fred X, RupherX	22. See I HEREBY CERTIFY. That I attended deceased from
70. 22 /8/-7	Dee 21
6. DATE OF BIRTH (month, day, and year)   Aug 22 / 8 J   7. AGE Years   Months   Days   If LESS	
71/ / lday,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	in. were as follows: Date of onset
kind of work done, as SPINNER, August SAWYER, BOOKKEEPER, etc.	Droncho Fremoura Decti-3/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spent in this year) occupation	
Baltimory Mrs.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Styrearditis ?
13. NAME Matthew Wagner	
13. NAME Matthew Vaguer  14. BIRTHPLACE (city or town) Hermany  (State or country)	Name of operation
(Grate of country)	What tast confirmed diagnosis? Clessified Was there an autopsy? No
15. MAIOEN NAME Turklussus	23. If death was dua to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME Tuldurum  16. BIRTHPLACE (city ar town) Islamum	Accident, suicide, or homicide? Oate of Injury
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT & H. / Luphers	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Holy Redeemer Date Dec 29	Manner of injury
m. 1/ Mariage	
19. UNOERTAKER TRACES AS A CONTROL OF THE CONTROL O	24. Was disease or Injury in any way related to occupation of deceased?
27 31 88 7 41	(Signed) 6: 6: Mehals M.O.
20, FILEO 120 Av f., 197 (9 (9 MA CANA)  Regis	0 /
76 11	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis RECEILL	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 2 1352	July 5,1927	Peritonitis	3 days ago
BUREAU V. 6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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ESERVED FOR BINDING	*
INK-THIS IS A PERMANENT CORD Every item of infor-	CORD. Every item of infor-
E should be stated EXACTLY.	PHYSICIANS should state
lat it may be properly classified. Exact statement of OCCUPA-	vact statement of OCCUPA-
7-7-7-1	/

V. S. No. 1

	1. P	LACE OF	DEAT	ГН		,,,,,,,		
1	(	County	Balti	more				
	1	ength of resid	ience in cit	ty or town where d	eath occ	urred 74	yrs 5	m
						~~~		
300					(L	Javal place	of abode)	
3.		EKSON						
	Mal	e			OR	DIVORCED	(write the v	vord)
1	. If ma	orried, widowe	ed, or divo	rced		n		
	(or	) WIFE of			2/	up	pers	
6.	DATE	OF BIRTH (	month, day	end year) Jul	Lv 1	1,185	7	
				Months		Days	If LESS	
-		74		5		6		
NO	8.	Trade, profes	sion, or pa ork done,	rticular as SPINNER, D	at in	ha		
	9.	SAWYER, Industry or b	BOOKKEE usiness in	which	2011	04		
SUP	D							
00	130.	this occup	ation (mor	ith and		span	tin this	?
12	RIDT	HPI ACE (city	v or town)	Balt	imo			
-								
TER	13.	NAME	Va	lentine F	lupp	ert		
FAT	14.			wn) Germa	ny			
22	15.	MAIDEN NAM	ME D	orothy Ke	rn			
MOTH	16.	BIRTHPLACE (State or	(city er to	wn) German	у		~ ~ 0 0 = = = = 0 4	
				ocenh A P	linn	owt		
17								
18			ON, OR R	EMOVAL				2
-	F	Place HOLJ	nee-	umercemet	e fale	Dec .	199,1	93
19		P						
1-		Address)		Q.	ryl	and.		01
20	, FILE	ople!	/_ D <sub>f</sub> , 1	951 N/W.	50.0	o. M	Char	strar.
	3	3. SEX Me.1 5a. If market HU (or 6. DATE 7. AGE  12. BIRT (X) 13. 14. 14. 14. 14. 16. 17. INFO 18. BURI	County Village or Cit Length of resid  2. FULL NAF  (a) Residence PERSON  3. SEX Male  5a. If married, widowe HUSBAND of (or) WIFE of  6. DATE OF BIRTH (or) WIFE of very wear of the county of the county was saw mill of the county was saw	County Balti Village or City Pik Length of residence in cit  2. FULL NAME  (a) Residence: No. 2  PERSONAL AN  3. SEX  4. COLO Male  W  5a. If married, widowed, or divo HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day  7. AGE  Years  74  8. Trade, profession, or pakind of work done, es SAYWRI, BOOKKEE  9. Industry or business in work wes done, es SAYWRILL, BANK, es SAW MILL, BANK, es  10. Date deceased last wor this occupation (mor year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or to (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR R Place HOLY Ree  19. UNDERTAKER Frank (Address)  Pike	2. FULL NAME Frederic.  (a) Residence: No. 26 Waldro  PERSONAL AND STATISTI  3. SEX 4. COLOR OR RACE  Male White  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year) Jul  7. AGE Years Months  74 5  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Polymork west done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  12. BIRTHPLACE (city or town) Balt (State or country)  13. NAME Valentine Full Hammer of the state of country)  14. BIRTHPLACE (city or town) German (State or country)  15. MAIDEN NAME DOTOTHY Keels (State or country)  16. BIRTHPLACE (city or town) German (State or country)  17. INFORMANT JOSEPH A.F. (Address) 31 27 Milford (Address) 31 27 Milford (Address) Pikesville, Merchant (Address) Pikesville, Me	County Baltimore  Village or City Pikesville  Length of residence in city or town where death occ  2. FULL NAME Frederick Lo  (a) Residence: No. 26 Waldron Av  (C)  PERSONAL AND STATISTICAL  3. SEX 4. COLOR OR RACE 5. SIN  Male White  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year) July 1  7. AGE Years Months  74 5  8. Trade, profession, or particular kind of work done, as SPINNER, Retire SAWYER, BOOKKEEPER, etc. Retire SAWYER, BOOKKEEPER, etc. Retire 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  12. BIRTHPLACE (city or town) Baltimo: (State or country)  13. NAME Valentine Rupp  14. BIRTHPLACE (city or town) Germany (State or country)  15. MAIDEN NAME Dorothy Kern  16. BIRTHPLACE (city er town) Germany (State or country)  17. INFORMANT Joseph A. Rupp (Address) 31 27 Milford  18. BURIAL, CREMATION, OR REMOVAL Place Holy ReedmerCemeteray  19. UNDERTAKER Frank H. Newell (Address) Pikesville, Maryl	County Baltimore  Village or City Pikesville  Length of residence in city or town where death occurred 74  2. FULL NAME Frederick Louis R  (a) Residence: No. 26 Waldron Avenue, (Usuelplace)  PERSONAL AND STATISTICAL PARTISTS.  3. SEX	County Baltimore  Village or City Pikesville  Length of residence in city or town where death occurred 74 yrs 5  2. FULL NAME Frederick Louis Ruppert  (a) Residence: No. 26 Waldron Avenue, Pikesv (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE (Usualplace of abode)  Male White S. SINGLE, MARRIED, WIDOW OR DIVORCED ("printe the w Married")  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Government of the White HUSBAND of (or) WIFE of Government of the White Saw Months Days HLESS 1 day, 74 5 6 or no married work wes done, as SPINNER, Retired Sawyer, BOOKKEPER, etc. Retired  8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, BOOKKEPER, etc. Retired  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. State or country)  12. BIRTHPLACE (city or town). Baltimore (State or country)  13. NAME Valentine Ruppert  14. BIRTHPLACE (city or town). Germany (State or country)  15. MAIDEN NAME Dorothy Kern  16. BIRTHPLACE (city or town). Germany  (State or country)  17. INFORMANI JOSEPH A. Ruppert  (Address) 31 27 Milford Avenue  18. BURIAL, CREMATION, OR REMOVAL Place Holy ReedmerCemeters Dec 19, 19. UNDERTAKER Frank H. Newell  (Address) Pikesville, Maryland.

Mål,	Ware.	If nonreside	nl give city or low	vn and State
	MEDICAL C		E OF DEA	
21. DATE	OF DEATH			
	De	cember 1	(Dey)	, 193 1 (Year)
I last saw h i to have occur	red on the date stat	December ed above, et3:3	17, , 19 0 P <sub>•m</sub>	31 ; death is said
Br	oncho Pne	umonia		Dec13
				1931
Other Coutril	utory Causes of imp	ortance:	9-1100	
	Myocar	ditis		?
	ation	ne inical	Det	
23. If death wa	s due to external ca	uses (VIOL ENCE;	fill in also the fo	llowing:
Accident, suic	ide, or homicide?		_ Date of Injury	, 19
	ury occur? er injury occurred (	(Specify city in INDUSTRY, in	or town, county as HOME, or in PUBL	nd State) LIC PLACE.
	HPV			
Manner of inj				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRATIVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

mation should be carefully supplied. AGE should be

-WRITE PLAINE

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

properly classified.

certificate.

Every item of infor-

of OCCUPA.

Exact statement

1	-1	4	-9	0
J	4	£	4	8
1		_	-	~

1. PLACE OF DEATH	94.0
County (Salto	Registration Dist. No. 35
Village or City White Hall, RA.	NoSt.,Ward
Length of rasidance in city or town where death occurred 2 mg.	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long In U. S. if of foreign birth?yrsmosds
1 4. 6 (2 x	le 1
2. FULL NAME G. Frank Jul	ceage
(a) Residence: No. // Luco / fall. (Usual place of abode)	St. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 14. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended dacement from
8.11 704, 1079	
AGE Years Months Days If LESS than	
53 3 // 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or perticular On 1	ware as follows:
8. Trade, profassion, or perticular kind of work done, as SPINNER, Melluck, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was dona, es SILK MILL. Mulluck SAW MILL, BANK, etc.  10. Date daceasad last workad at 11. Total tima (yeers) and this occuration (month and the spent in this securation (month and the security in this securation (month and the security in this securation).	angina Pectoris
9. Industry or business In which work was dona, as SILK MILL.	
SAW MILL, BANK, etc Machine strops	
10. Date daceasad last worked at this occupation (month and year)  11. Total tima (yeers) spant in this occupation  24. The data of the da	470
Was ! !	Othay Contributory Causes of Importanca:
2. BIRTHPLACE (city or town) // Carysture (State or country)	Live alone found dead
	- In led
Backet.	Non-ref counting
14. BIRTHPLACE (city or town) / State to (State or country)	Name of operation Data of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Herriett 6 Dorace	23. If daath was due to axternal causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury
(State of country)	Whera did injury occur?
7. INFORMANT LEWY C Protting Unber	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
B. BURIAL CREMATION, OR REMOVAL Q. AT MILES	Mennar of injury
Place tell belley 134 ball Nov. 20193	Nature of injury
9. UNDERTAKER Hartey steery Morania K (Addrass) mid sure med	24. Was disaase or injury In eny way related to occupation of deceased?
O, FILED Dec 18: 1931 Chester & Feelow	(Signad) Chesles of Freelow your H

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11. The number of years the deceased followed the occupation.

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	example 1		Example 11	
The principal cause of de of importance were as fol	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 7 1852	July 5,1927	Peritonitis	3 days ago
	BUREAU T			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N

PHYSICIANS tetatement of

PLACE OF DEATH	14149
Bolt	STATE OF MARYLAND
County Odulla	CERTIFICATE OF DEATH
0 1 111 1	Registration Dist. No.
Village or City Carprill (No. 60/g)	Saelle Ward)  [If death occurred in a hospital or institution, give its NAME incread of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE	16
married, widowed on Divorced (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
Ostoh 15 1931	190 , to Occ 2 1 191
(Month) (Day) (Year)	that I last saw h m allvo on Occ 2 , 191/,
7 AGE If LESS then 1 day, hrs.	and that death occurred on the date stated above, at 9/1 m.
yrs. mes. / v es. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION A A	Janahar-manna Wum
(a) Trade, profession, or particular kind of work	annous manner
(b) General nature of industry business, or establishment in	1
which employed (or employer)	(Ourstion) yrs. / mos. ds.
* BIRTHPLACE (State or country) Parhville Bella Com	Secondary
10 NAME OF PATHER	(Bigned) Henry a (Burstley) yre mos do
11 BIRTHPLACE	(2/27/3), 191 (Addrsss) 5/06 Harford (1)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
of MOTHER MANE	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) And	nf deathyremesde. State,yremesde. Where was disease contracted.
(Informati) Autum Autum	If not all place of death?
61 101	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Addross) Cellfewird Fd.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
18 12/28 31 O.711 B	20 UNDERTAKER ADDRESS
Fled /2 19P / COCO	Leonard Renk 1305 Henton 18

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Cenuus and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housewrite None. taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day luborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," of the second statement. mill; (a) Salesman, (b) Grocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, applies to cach and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or Compositor, Architect, Locomolive engineer, Civil ser, Stationary fireman, etc. But in many eases, For persons who have no occupation whatever, various pursuits ean be known. The question The material worked on may form part Women at home, who are engaged in Never return etc., without more If retired from term on the "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease to causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

If this certificate is looked over thoroughly and all questions answered in dotall, it will prevent further correspond-once. All the data is essential and must be obtained before the certificate is permanently filed. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated hcad-homicide; Poisoned by Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Pubreperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitiat rent) affectiou need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... nia" (merely symptomatic), "Atrophy," "Coma," "Convulsions," "Debility" The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," carbolic acid-probably Never report mere "Atrophy," "Exhaustion, penon ("Con-

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Re	egistration D	ist. No	- f
No.Vesper Ave. n	r.Tran	ppe Ra	Ward
death occurred in a hospital or institution, gi			
us. How long in 0. 0. If of foliate	in onthi:	y15 11	105us.
L. St., Ward.			
		ve city or town and	d State
MEDICAL CERT	FICATE	OF DEATH	
21. DATE OF DEATH		3.0	
Decemb	er nth)	(Day)	(Year)
			,,,,,
22. I HEREBY CE	4	Thal I attended	deceased from
Dec 12 193	0 10	200 10	7, 19.3./
I lest saw h. Line allve on . De	2	19.07	; daath is said
to have occurred on the date stated above		Alum.	
The PRINCIPAL CAUSE OF DEATH end ware as follows:	ratatad cousas	or importance	Date of onset
A			
Larcinoma d	of St	omash	/
	(/	**************	
Othar Contributory Causes of importance			
Neme of operation		Date of	1
Whet tasl confirmed diagnosis?		Was Ihere an	autopsy?
23. If death was dua to axlernal causes (V			
Accident, suicide, or homicide?			
Where did injury occur?			, 1
(Sp Specify whether Injury occurred in INDU	ecify city or to	wn, county and Sta	ile)
Specify whether injury occurred in 1400	SINT, III HUIII	e, or in robeic ri	LACE.
Manage of to Luny			
Manner of Injury			
Nature of Injury			
24. Was disease or Injury In any way rela	led lo occupati	ion of deceased?	
If so, spacify	, de	000	
(Signed) Luguur	2	yy	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows ElvED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	Miritis JAN 4 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
4				

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	14151 STATE OF MARYLAND
County Callourore	CERTIFICATE OF DEATH
	Registration Dist. No. 40
Village or City Doldan (No.	St.: Ward) (If death occurred in
2FULL NAME John Schafer	St.: Ward) a hospital or institu- tion, give its NAME II - stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Markien, Widowed OR pivorced (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw hang alive on 1981, to 1981, 1981,
7 AGE  If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or Farmer	Chronie Valrula heart dessen
(b) General nature of industry business, or establishment in which employed or (employer)  Retriec(	(Duration) 3' yrsds.
9 BIRTHPLACE (State or country) OMANy Lough	Contributory Secondary  (Durstion)  yrs
10 NAME OF FATHER Lavel Schafer	(Signed) ### (M. D. 1917) 1923 (Address) Dums
OF FATHER Z (State or country). Lireu any	*State the Usease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sarah. Leylar	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Wayland	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Address) Bolivii P. Co	Chesticit grove Del-18, 1831
15 Filed See 17 1981 J.F. H 9 00 Such Registral	Wey Gens Lora Touron
If more b.anks are needed, addre.s State Registra	18 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to e:eh and every person, irrespective ci fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausstion), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Cruup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

as fracture of skull, and eonsequences (e. g., sepsis, (secondar or intercurrent) affection need not be st ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tclanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The n.ture of accident; Revolver wound of head-homicide or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOLLICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUKY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by r "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiaffection need not be etc. The contributory valvular heart tway warn injury,

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	14152
PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Catonsville (No. ofil-	St.: Ward) (If death occurred is a hospital or institution, give its NAME is
2FULL NAME Catherine Clig	abello Schepeler number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (1923)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 3, 1843	that Heat 4 h (4) clim on Dec 15 1923/
(Month) (Day) (Year) 7 AGE (If LESS than	1 / \$ 12
88 yrs. 7 mos. 14 ds. or min.	. The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or hone, particular kind of work	Serile Dementes
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 yrs. mos de
9 BIRTHPLACE (State or country Richmond Ua.	Contributory Secondary (Duration)
FATHER Samuel Frost	(Signed) Tuanshall Blugsh M. D.
OF FATHER (State or country) Bultimore, lod,	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah and Burton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country) Accumond Va.	At place of death 2 yrs dos death State 70 yrs mos de
4 THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deals?  Former or usual residence und - Baltimore Md
(Address) 1532 Park ave.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Streen mount Center Dec. 19, 1931
15 Filed V / 2 198 Alderdan	2D UNDERTAKER ADDRESS
Registrar	TELEFORM TO A TO

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired\_6 yrs = business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Cause of Death—Name, first, the Disease Cause Cause of Death—Name, first, the Disease Cause of Cause accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dimhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

as fracture of skull, and consequences (e. g., scpsis, telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by "('E:haustion,') "Heart failure,' "Maemorrnage, "Shock," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, approved by Committee on carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, Americau Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Mcasles; inges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid etc. The contributory affection need not be valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and all questions ans cred in detail, it will prevent testing correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 26 1001

RECEIVED

EVery it

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V. S. No. 1

di mana	PLACE OF DEATH
	county Ballisson (
Vil	llage or City Easney (No. East
	2FULL NAME Lutrecia
	PERSONAL AND STATISTICAL PARTICULARS
J.	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWES Named OR DIVORCED (Write the word)
6 1	DATE OF BIRTH
	Gugust 28, 1895 (Month) (Day) (Year)
7 /	If LESS than I day hrs. 3 mos. 28 ds. or min.?
X	b) General nature of industry cusiness, or establishment in which employed or (employer)
9 6	(State or country Ballo. Md.
	10 NAME OF FATHER Thas, Lanly
ENTS	11 BIRTHPLACE OF FATHER (State or country) Balto. Ild.
PARE	OF MOTHER Mattie Wakeland
4	13 BIRTHPLACE OF MOTHER (State or country) Salt Mal.
14	(Informant) That I Day Lease (Informant)
	(Address) Fulleston R. F. St. W. A.
15	Filed 2/28 19231 & a. Fint M. D.

14153

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist No. 2

number.)

(If death occurred in a hospit I or institu-tion, give its NAME i. -stead of street and

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Lee. 26 , 19331
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the decensed from
Mug. 152/ to Lee, 26, 1923
that I last saw her alive on alec, 93, 1923
and that death occurred on the date stated above, at 11.40.4 n
The CAUSE OF DEATH * was as follows:
600 -+1 0:
Gulmonary Interculosi
()
(Duratides bough 6 mos d
Contributory Secondary
(Duration)yrstwosd
(Signed) J. W. Bacow M. I
(Signed) J. M. Bacou M. 1 12/26 1931 (Address) Parkeville, Uld
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)
At place In the of deathyrsmosds, Stateyrsmosd
Where was disease contracted, if not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
youlands Newvied Park Dec. 29, 193,
20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, loborer, cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (red) gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (o) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return" Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Laborer-Coal mine, etc. Wom-But in many 6 Grocery,

Statement of Cause of Death—Name, first, the pissibase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospipal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhtheria avoid use of "Croup?"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poismed by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing Whooping cough; use of "Tumor" for malignant neoplasms); Mcustes; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the betunus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perdonoeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), or intercurrent) affection need Chronic valvudar heart disease; etc. The contributory not be

art this certificate is looked over thoroughly and all questions are well in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

IAN 5

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

	1. PLACE OF DEATH	(131)
	county Daltimote	Registration Dist. No. 30
1	Village or city Contonsille Sprin	Talu
	Length of residence In city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
	2. FULL NAME annie & Doan	100
		Ball. De
	(a) Residence: No. 15 4 Manual Place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Tenal  Color of Race  Tenal  Ten	21. DATE OF DEATH  Lecender /3 , 193 3/ (Yeer)
	5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from Oct 13, 1931, to Dece 13, 1931
e.	6. DATE OF BIRTH (month, dey, end yeer) Det 01/870	I last sew here elive on see 13, 1931; death is seid
ica	7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, et/O=A_m.
certificate	6/ 2 2 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of co	8. Trede, profession, or perticular kind of work done, es SPINNER, 200KEPER, etc	
back	9. Industry or business in which	
pa Pa	SAW MILL, BANK, etc	Chr. Endocardites 2 ma
uo s	O This occupation (month end year)	- SE SE
instructions	(12.01	Other Contributory Causes of importence:
nct.	12. BIRTHPLACE (city or town) Cally Control (State or country)	Ola Met nepportes 2 nun
ıstr	I 13. NAME Wom Kollin	The vales of appoints
		Neme of operation 22000 Dete of
See	14. BIRTHPLACE (city or town) (Stete or country)	Whet test confirmed diagnosis? Wes there an autopsy?
ايا	15. MAIDEN NAME Man M. FR.	23. If deeth was due to external causes (VIDLENCE) fill in also the following:
important	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
od	S (State or country)	Where did injury occur?
very im	17. INFORMANT Chao & Deare Son (Address) 1524 marshall aw	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
IS V	18. BURTAL CREMATION, OR REMOVAL	Manner of injury
	Plece 10 Mdar / 110 / 193/	Neture of Injury
TION	19. UNDERTAKER WM GOOT	24. Was disease or injury in any way related to occupetion of deceased? 92.0
	20. FILED 1413 197 All Sudian	(Signed) Nobj. E. Farrett M.D.
1	Registrar.	(Address) Catorsvell ma
	If more blanks are needed address State Registrar	N. Chesles Street Belginson Barretto W. C. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CORD. Every	PHYSICIANS	Exact statement	
K-THIS IS A PERMANENT	ould be stated EXACTLY.	may be properly classified. E	back of certificate.
V. BWRITE PLAINLY, WI UNFADING INK-THIS IS A PERMANENT CORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	TION is very important. See instructions on back of certificate.

V. S. No. 1

	STATE O	F MARYLANI	CERTIFICATE OF DEATH 1415
1. PLACE O	F DEATH	. /	<u> </u>
County	)action	non	Registration Dist. No.
Village or (	city Odgen	nene	No. Sponoustonik Road St. Wa
	0 //		(If death occurred in a hospital or institution, give its NAME instead of street and number)
	sidance in city of town where do	eath occurredyrs,	How long in N. S. If of foreign birth?
2. FULL NA	61	om inja	w ( Retry)
(a) Resider	nce: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSON	NAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWI OR DIVORCED (write the wo	(d) 200 / 47 · 193/
5a. If married, widow HUSBAND of	wad, or divorcad	(00.97-	(Month) (Day) (Year)
(or) WIFE of			22. I HEREBY CERTIFY, That I attanded deceased fr
	A	EC. 14th 19	<b>3</b> /
7. AGE Yes	(month, day, and year)	Days If LEGS ti	I last saw h alive on, 19; daath is so to have occurred on the date stated above, at m_
		1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trade, profa	ission, or particular *	ormit	Date of ons
SAWYER	work dona, as SPINNER, R, BOOKKEEPER, atc.	nou	D'ell Vom refaut.
kind of SAWYER  9. Industry or work wa SAW MII  10. Date dacaas	businass in which is dona, as SILK MILL, LL, BANK, atc		6 mo
SAW MI	ad last worked at	11. Total time (vaars)	
this occu	pation (month and	11. Total time (yaars) spent in this occupation	
12. BIRTHPLACE (ci	ity or town Odg	emue y	Other Contributory Causes of Importance:
(State or cou		Mid	Of place Ta
13. NAME	WENT IV. D.	elty	
13. NAME 14. BIRTHPLACE	E (city or town)	ned	Name of operation Data of
(State of	r couptry)	1000	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NA	IME Dorothy (	HICKE	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE		A-d	Accident, suicide, or homicide? Data of Injury, 19
≥ (Stata o	repuntry)	,,-(	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT _es	Eddenie	r Selly u	Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	niew Cen	Data DEC 15 19	Manner of injury
19. UNDERTAKER (Address)	alts N.S.	elly parens	24. Was diseasa or Injury in any way related to occupation of dacaasad?
20. FILED DEC	15 ,193/1/5/	Ale amiest	(Signed) Athlymnics , M.
	If more b	lanks are needed, address State Reg	istrar, 2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

1. PLACE OF DEATH County Baltins			Pagistration Diet No. 38	
Village or City Rusta			No. 4 S. E. Maple St., V	
Length of residence In city or town where o	death occurred		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Bab	of Boy	Sents		
(a) Residence: No. Ruston,	(Usual place of	E. Magle	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTIC	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH  (Month) (Day) (Year	
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	elber )		22.   I HEREBY CERTIFY, That I attended deceased	
6. DATE OF BIRTH (month, day, and year) Dec 9, 1931				
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  R. Trade profession or particular	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
		ormin.	Gemalurity 4 mo placenta Date of	
kind of work done as SPINNER, SAWYER, BDOKKEEPER, etc  Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  To Date deceased last worked at			prairie with separation	
O this occupation (month end	11. Total tim			
12. BIRTHPLACE (city or town) Butte	m, Ond.	ation	Other Coutributory Causes of importance:	
(State or country)	1-1-			
13. NAME / Harry (5. Aem)  14. BIRTHPLACE (city or town) Adams Co.  (State or country)			Name of operation. And Dete of	
15. MAIDEN NAME Vergie On 16. BIRTHPLACE (city or town) (State or country)	1. Shoeme	leer	What test confirmed diagnosis? Action; Literal. Was there an autopsy?!	
16. BIRTHPLACE (city or town) Corroll Co.  (State or country)			Accident, suicide, or homicide?	
17. INFORMANT Hang B. Sints (Address) B. Mat Jang			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Remains insufficient for funeral Place Back yand Date Dec. 7, 193/			Manner of injury	
19. UNDERTAKER(Address)			24. Wes disease or injury in any way releted to occupation of deceased?.	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis J.A. 7 1937	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BIREAU & S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PLACE OF DEATH	14157 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist. No. 3 3
Village or City Owings hills (No.	* Constant
Village or City Uwrigs Mills (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Orville Lee Se	tion, give its NAME in-
2FULL NAME OSVILLE LEE JE	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Date of the WIDOWED.	Dec 15, 1931
(Write the word)	(Month)(Day)(Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 24, 1906	Alec 25 134 Dec 15 ,1901.
(Mony) (Day) (Year)	that I last saw have alive on Dec 15,
7 AGE [If LESS than	and that death occurred on the date stated above, at 5 115 a.m.
25 yrs. 6 mos. 21 ds. or min.?	The CAUSE OF DEATH * was as follows:
	1. Spilepay (Odiofather)
8 OCCUPATION (a) Trade, profession or Dunate; Rosewood	2 Letharge Encephalitis (chrone
particular kind of work State raining School	residual Symptons)
(b) General nature of industry O wrigs will business, or establishment in	(Duration) 2 - yrs/1 grand ds.
which employed or (employer)	
9 BIRTHPLACE (State or country) ROPE	Contributory Epileptic Courseson
(State or country) Baltimore, Ind	(Duration) Insmediale ds.
10 NAME OF FATHER & X S	(Signed) George C. Medairy M. D.
serge, servere	blec 15 1981 (Address) Owings mills, his
UN 11 BIRTHPLACE OF FATHER OF FATHER	
Z (State or country) Baltimore, Ind	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER many V. Hatter	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country) Baltimore, Ind.	At place of death 10 yrs. 4 mos. 2 ds. In the 25 yrs. 6 mos 2 ds.
	Where was disease contracted, Muknown if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or Baltimore Duck
(Informant) Rosewood State Training	
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) School Ourney wills ful	, 19
15 Filed bre 15 19251 Dyne Sland	20 UNDERTAKER A ADDRESS
Filed Registrar	wendell & ruppel
If more banks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness. that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil sngineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on 11.8 it Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease Example: Measles (disease etc. The contributory Measles,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCCUPA-

Exact statement

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

of certificate.

See instructions on back

В ż

STATE OF MARYLAND—CERTIFICATE OF DEATH 14158				
1. PLACE OF DEATH  County Baltimore	Registration Dist. No. 38			
Village or City Idlewalde	No. 911 Assay Rond St. Ward			
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?			
2. FULL NAME John & Shelley	wyst			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  White 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Secentre (2, 198)  (Month) (bay) (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (month, day, and year) Feb. 7, 1881	19-31			
7. AGE Yoars Months Days If LESS than 1 day,	to have occurred on the date stated above, at5745Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance			
Trade, profession, or particular kind of work done, as SPINNER, Autrinasian (utind)  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 11. Total time (years)	were as follows:  Vals year heart disease, Chronic Over yo.  mutral; decompensation acuste.			
this occupation (month and 1921 spant In this occupation 25  12. BIRTHPLACE (city or town) Baltimore, (State or country)	Other Contributory Causes of importance:			
13. NAME William & Shelly  14. BIRTHPLACE (city or town) Balfore Michelle (State or country)	Name of operation. More lesson Oate of What test confirmed diagnosis? Mastery Was there an autopsy? Ma			
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?			
17. INFORMANT MISS. Mary T. Shelley.  (Address) 4723 CPR. Haro.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place Southedral blan Date 12/15/193/	Manner of injury			
19. UNDERTAKER 6' Lernon Lenmon.  (Address) 4611 Park. Heighto Que.	24. Was disease or injury in any way related to occupation of deceased? NO			
20. FILED Dec 14, 198/ Min D. Butter Dek.	(Signed) Rollin C. Hudson M.D.  (Address) 606 Posto are, Toward, Mad.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and thated causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	1415	)	
PLACE OF DEATH	2500119		MARYLAND
County/ Salli wore -	(159)	CERTIFICAT	E OF DEATH
/ 0/1-		Registration	Dist. No. 30
Village or City alous trllano. 116 00, 1	ropeo	St.: Ward	a nospital of institu
2 FULL NAME Our Jantolne 4	Ja.L.	heny	tlon, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEA	(Month)	(Day) (Year)
8 DATE OF BIRTH NOV. 3012, 1/3/	17 No S	BY CERTIFY, That I at	tended the deceased from
(Month) (Day) /(Year)	that I last saw h		1245 A
7 AGE   If LESS than   I day hrs.		curred on the date state EATH * was as follows:	d above, at /
yrs. mos. ds. or 5 min.	( \$\frac{1}{2}\frac{1}{2}\frac{1}{2}	malus	
(a) Trade, profession or particular kind of work	1/0	17mm	2
(b) General nature of industry		10000	k_7.
business, or establishment in which employed or (employer)		(Duration)	de.
9 BIRTHPLACE (State or country)	Contributory Secondary	Markey & and	I thing
10 NAME OF A. L. Pherry	(Signed)	(Duration)	yrs mos ds
0 11 BIRTHPLACE	X 2019	27 (Address)	or wille
Z (State or country)	*State the Violent Causes, Accidental, Suicid	Discase Causing Death state (1) Means of 1 dal or Homicidal.	, or, in deaths from njury and (2) Whether
of MOTHER DOSONLY JOEN ESS			itals, Institutions, Truns
13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	At place of deathyrs	In th	e ateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease of	entracted. dea h?	
(1)3 N M	Former or usual residence		ra - 2000 mm - 2000 a 200 a
(Informant)	19 PLACE OF BUF	RIAL OR REMOVAL	DATE OF BURIAL
(Address) Calor Ville	Loudmy (	Mily	12/2/, 1981
Filed 1923 All Registra	20 UNDERTAKER	int 1850 %.	ADDRESS
If more b.anks are needed, add e.s. tate Degistra	r, 16 W. Saratoga Si	t., Balto., Lequesting V.	S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-(a) nature of the business or industry, and therefore an Physician, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Jiphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n\_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X by Committee on Nomenclature of the cough; Chronic valvular etc. The contributory Always qualify all heart not be disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE	OF	DEATH
B	al	PEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

A 1 40 AA	Registration Dist. No.
Village or City Olings Mills, (No. 2FULL NAME Sarah a. Slag	St.: Ward) (If death occurred is a heapital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Strice (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)
G DATE OF BIRTH  august 20, 1865- (Month) (Day) (Year)	that I last saw har alive on 13 attended the deceased from 192%.
7 AGE    If LESS than   day hrs. or min.?	and that death occured on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Constral Herenorlogu
bosiness, or establishment in which employed or (employer). House 2619.  9 BIRTHPLACE (State or country) Mary land.	Contributory Secondary  (Duration) yrs. mos de.
10 NAME OF FATHER OWN Tinkler  11 BIRTHPLACE OF FATHER (State or country) England,	(Signed) 18. 772 Slade M. D.  1925/16 1927/(Address) Pers land Court  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether
12 MAIDEN NAME OF MOTHER Hamah Felstag.  18 BIRTHPLACE OF MOTHER (State or county) England.	Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recont Residents)  At place In the of death yrs
(Informant) Stanley Stage.  (Address) Ownga Milla	Former or usual residence

20 UNDERTAKER

Des. 16- 1923/ Dr. In. Blass

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Civil engineer. Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g.. Farmer or Planter, cupation is very important, so that the relative health. Statement of Occupation-Precise statement of oc-Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman. (b) persons en-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

as fracture of skull, and consequences (e.g., sepsis, letanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," Examples: Accidental drowning; Struck by railway train diseases resulting from childbirth or misearriage as stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., ef. . . . . . . . (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valvular heart discase; affection need not be etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

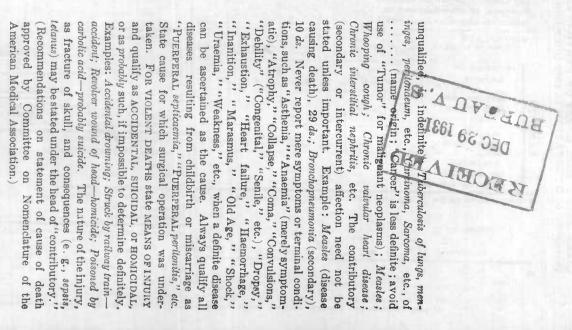
N B

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	County blattmost	
	/ ( x 1 5.1	Registration Dist. No. 44
Vi	Hage or City Sparens Omnof. MI	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAME James Elmer	Sloan stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Male A COLOR OR RACE SHNCLE. MARRIED. Married OR BIVORCED (Write the word)	18 DATE OF DEATH Seember 1, 1987/ Aze (Month) / (Day) 93/ (Year)
-	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Eugust 2 , 1875	shot Host and by alive on 192,
-	(Month) (Day) (Year)	and that death occurred on the date stated above, at 8:00 Am.
7	36 yrs. 3 mos. 3 o ds. or min.?	The CAUSE OF DEATH * was as follows: accidentally brushed
ILE	OCCUPATION (a) Trade, profession or Foreman	sull anised by felling
die	(b) General nature of industry business, or establishment in Sthlehen Hulles, which employed or (employer) Buthlehen Hulles.	(Durstion)yrsmosde.
-	BIRTHPLACE (State or country) Electon, Ind	Contributory Secondary (Durstion) yrs mos do.
	10 NAME OF Savid L. Sloan	(Signed) Spars Pint Ind
ENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	OF MOTHER Johannah Michael	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLAGE OF MOTHER (State or Country)  Oenna	At place of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
	(Address) 907 F 11. Spenson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEC 4, 1931
15	Filed Fel. 2. 1923/4. Me om inch k	20 UNDERTAKER Sellin med ADDRESS, How of Denny 715 Light St
==	te bushe are moded address State Registra	T. 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact CORD BINDING ITH UNFADING INK--THIS IS A PERMAN MARGIN RESERVED FOR WRITE PL

V. S. No. 1

	1PLACE OF DEATH	STATE OF MARYLAND
	County Balto.	CERTIFICATE OF DEATH
		Registration Dist. No. 44
	Village or City middle River (No. Roles	way Beach St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2 FULL NAME George a: Ir	nuth number.)
2	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ac u	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Lec. 6 th , 198/ (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
0	(Month) (Day) (Year)	that I last saw halive on, 192,
	7 AGE   If LESS than   I dayhrs.	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
101	J   yrs.   mos. 3 0 ds.   or min.?	accidental learning due to
	(a) Trade, profession or Paker Carrier	antomobile falling overboard
· Sund	(b) General nature of industry business, or establishment in which employed or (employer)  Sum Papers	(Duration)yrsds.
	9 BIRTHPLACE (State or country) Balto.	Contributory Secondary  (Dyration)
104	10 NAME OF FATHER Jos. P. Smith	(Signed) Jacob Dallman Coroner M. D.
	OF FATHER  (State or country)  (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME V OF MOTHER Nova Brady	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  Balto.	At place of deathyramoada,
2	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Thomas J. Smith	Former or usual residence
	(Address) 2727 manyland auc.	new leathered lec. 9, 193/
5	15 Filed Lee 8 193 1 John J. Connelly Registry	ohn b. Connelly Essex
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

"definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emtired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver bound of head—homicide; Poisoned by carbolic and probably wicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, telanus) may be sucted under the head of "contributory." stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Recommendations on statement of cause of death approved by Committee on Nomenclature of the or as probably such it impossible to determine definitely Examples: Academia from a Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

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V. S. No. 1

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	LY,	

HYSI- Exact		OF DEATH			14163	STATE OF	
<u>a</u> .	County Ba	ltimore			9	CERTIFICATE	
fled,					NAME OF THE PARTY OF	Registration	Dist. No. 42
CORD ted EXACTLY, Rerly classified ertificate.		Lansdowne  NAME Edi	(No. Wi			St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
T atec	PERSON	AL AND STATIST	ICAL PARTICU	JLARS	MEDIC	CAL CERTIFICATE	OF DEATH
MANEN' ay be propagation	s sex Female	White	SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word		16 DATE OF DEATH	December 2	7 , 1923]
A PERM CE shou hat it ma	6 DATE OF BIRT	H November (Month)		, 1 <u>930</u> (Year)	Hereby Stee 25	Y CERTIFY, That I att	ended the deceased from 27 , 1934,
HIS IS A	7 AGE		10	If LESS than l day hrs. or min.?	and that death occu	rred on the date stated	above, at 8 P. m.
ING INKT arefully sup H in plain ter	(b) General nat business, or est which employed	of workure of industry	None		Contributory	Duration)	yıs. mos. 3 ds.
H UNFADI	9 BIRTHPLACE (State or coun  10 NAME OF FATHER  11 BIRTHPLA		Maryland Stallings	5	Secondary (Signed)	Wheel	M. D. Shington Blvd.
atten st CAUSE TION is	OF FATHER (State or of 12 MAIDEN N	Brook]	lyn, Md.		*State the D	Disease Causing Death, tate (1) Means of In	or, in deaths from
Lelly, f Informa d state occupad	OF MOTHE OF MOTHE (State or C	CE Baltin	ne Edith Ry	an	18 LENGTH OF RE ients or Recent Re At place of death yrs	In the nos. Stat	cLiff
WRITE P Every Item of CIANS should	(Informant)	r. Charles W.	. Stallings	) 	if not at place of dea Former of usual esidence	(b)	Spate of Burial 3/
1	Filed De	1927/1	er / h	7	(Anoth)	1 (00)	1003.West

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed ," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Grocery

Strtement of Cause of Death—Name, first, the DISEA.: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

itctahus) may be stated under the head of "contributory." approved by Committee on Nomenclature ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be stited unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid—probably suicide. The n-ture of the injury. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of Never report mere symptoms or terminal condicough; Chronic etc. valvular heart The contributory Measles ; disease;

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classified. EXACTLY certificate BINDING may be plnods uo torms so that i that 1 ACE FOR S UNFADING INK---THIS supplied MARGIN RESERVED in plain hould be carefully OF DEATH in plain very important. NOI of information Every item of Intornation State Statement of OCCUP.

No. 1

00

7 AGE

PARENTS

15

a) Trade, profession or

9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE

OF FATHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

(State or country) 12 MAIDEN NAME OF MOTHER

particular kind of work

(b) General nature of industry

business, or establishment in which employed or (employer)

Exac

1		
County	Ball >	
	y Parkton	
	NAL AND STATIST	
male	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
6 DATE OF BI	RTH 10h-	

(Month)

RUE TO THE BEST OF MY KNOWLEDGE

(Day)

			.00		
10	5	2	6	1	22.0
(	7	3	4	1	

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
ARS	MEDICAL CERTIFICATE O	F DEATH
ndmid	16 DATE OF DEATH	23, 19:3/ -(Day) (Year)
	17 I HEREBY CERTIFY, That I atte	
, 18 68 (Year)	that I last saw h alive on	, 192 ,
If LESS than	and that death occured on the date stated a	bove, at
I day hrs.	The CAUSE OF DEATH * was as follows:	y. p
	Probably acut del	el dead,
	(Duration)	yrs. de.
	Contributory Secondary	
lu 20	(Signed) (Address) (State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) whether
>	18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions, Trans-
	At place In the of deathyrsmosds. State	yrsnosde.
DGE	Where was disease contracted, if not at place of death?	ς
1	Former or usual residence	
d	Marrilla Cerniting	DATE OF BURIAL
lun 200. Registrai	Marklini + Im	ADDRESS Hall

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: a fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," Manager," 'Teal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmq-(regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Laborer Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons on-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. know (a) the kind of work and also (b) the (b) Cotton mill; (a) Salesman. (b) without more precise specification as Doy of Occupation-Precise statement of oc-(b) Automobile factory. The in terial Locomotive engineer, Grocery, Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cercbrospinal. to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect) Statement of Cause of Death-Name, first, the Dig Lobar Typhoid fever (never report "Typhoid Pneumonia") (the only definite synchym is "Epidemic cercbropneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e.g., sepsets, telenus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) approved by (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Examples: Accidental drowning; Struck by railway train ..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage Committee on Chronic valvular heart Example: Measles (disease etc. affection need Nomenclature The contributory not be disease; etc., of

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A. Ithe permanently filed.

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1	iot i	PLACE OF DEATH
X	EXE	Count 3 Sterne
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,	SITIE	Village or City II Denis
Š	AC AC ITAS	(V)
	FX is	2FULL NAME
	ログサ	

(Informant

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 42

...Ward) (If death occurred in hospital or institu-

. Stone	tion, give its NAME in stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF BEATH	FHE , 1928 1
(Month)	(Year) ttended the deceased from
192 to	
that I last saw halive on	affect 132. 1
and that death occurred on the date state	ed above, atm
The CAUSE OF DEATH * was as follows:	- 22
T to be	1 4-
The state of the s	4 1-0: -
2 and	ed for the Washingto
(Roulevard est St. Dente (374) de	ristrict, Batto Co. mala
Contributory Secondary	CwgP.
(Duratifn)	yre, mosds
(Sign Realized O. Start	lita revenue
Dec 5 198/ (Address) / Lel	ay Zud.
*State the Disease Causing Death Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	h, or, in deaths from Injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	pitals, Institutions, Trans
At place In the of death	he tateyrsmosde
Where was disease-contracted, if not at place of dea.h?	***************************************
Former or usual residence	
PPLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER	ADDRESSON .

as Trazeir

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 3 SEX 4 COLOR OR RACE OWED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) IIf LESS that 7 AGE ....hr min 8 OCCUPATION (a) Trade, profession particular kind of work (b) General nature of industry business, or establishment in which employed or (employed) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER RENT (State or country) 12 MAIDEN NAME 4 OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS

7. S. No.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery; The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Mcasles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL can be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) Chronic valvular heart discase; nephritis, etc. The contributory affection need not be

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### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Redistration Dist Village or City Ward Length of residence in city or town where death occurred foreign birth? How long in U.S. if & Ward. (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) . 193 (Year) 5a. If married, widowed, or diverce HUSBANO of That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year). I last saw her death is seid 7. AGE Years Months Days If LESS than to heve occurred on the date stated above, at: 1 day ... related causes of importance min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, es SPINNER 0 SAWYER, BOOKKEEPER, etc. CUPATI 3, industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Oats deceased last worked at 11. Total time (years) spent in this this occupation (month end occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_, 19\_\_\_\_\_ 16. BIRTHPLACE (city or to) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ATION, OR Manner of injury ec. 31 1931 \_Oate\_\_ Neture of injury 24. Was disease or injury in any way related to occupation of deceesed? 19. UNOERTAKER

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

Other contributory causes of importance:

Gallstones

May 1,1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state CORD, Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, WI

MARGIN RESERVED FOR BINDING

STATE OF	MARYLAND-CERTIFICATE OF	DEATH

1. PLACE OF DEATH	<u>(93-c)</u>
County & atimus	Registration Dist. No.
Village or City Edgernole	No. Brannan are St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)  105ds. How long In U.S. if of foreign birth?yrsmosds.
Che telaso que ord	
(a) Residence: No. Edgernere - Brannan	a. St., Ward.
(Usual place of abode)	If contesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Sec / 13  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Colive & Thurman	22. I HEREBY CERTIFY, That I attended deceased from  Nov 3000 1931, to Are 137 1931
6. DATE OF BIRTH (month, day, and year March 24 /887	I last saw h. L. alive on hos . 25 0th, 19.31; death is said
7. AGE Years Months Days If LESS than 1 day,hr. ormin.	men et gilone.
9 Trade enforcing or certicular	Mejocardités Date of onset.  Cht 15 1931
kind of work dona, as SPINNEBURACHUME Reflect SAWYER, BOOKKEEPER, etc.  SIndustry or business in which work was done, as SILK MILL Bethelen Steel Co	- I page
Date deceased last worked at this occupation (month and spant in this occupation cocupation cocupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	- the
13. NAME /Sonjamin & Thumas  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)   Company   Co	Name of operation Date of What test confirmed diagnosis? Assistant Was there an au'opsy? No.
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary a Flavera  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, [9
Stata or country)	Where did injury occur?
17. INFORMANT Olive & Thurman	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Clarker Dec 17, 1931	Manner of injury
19. UNDERTAKER John F Denny (Address) 715 Licht 54	24. Was disease or injury in any way related to occupation of deceased?
20. FILED DEC. 17/K, 1931 9. Pulling ich & D. Registrar.	(Signed) Musique le Sedgeel M. D.
If more blanks are needed, address State Registre	ar, 2411 N. Charles Street, Baltimorg, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR F	TURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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1. PLACE OF DEATH			<u> </u>
County Baltimore			Registration Dist. No. 49
Village or City Perry Hal	.1	· ·	No. Belair Road St., Ward feeth occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where	death occurred		sds. How long in U.S.If of foreign birth?yrsmosds
2. FULL NAME Frances	C. Trem	per	
(a) Residence: No. Perry			St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White		RIED, WIDOWED, D (write the word) 1ed	21. DATE OF DEATH  December 31st, 1931 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J.	Tremper		22. JHEREBY CERTIFY That I attended deceased from 29th, 192, to Dec. 3, 19.3
6. DATE OF BIRTH (month, day, end year)	an. 14,	1877	I lest saw h alive on Dec 3, 19_3; death is sai
7. AGE Years Months	Days	If LESS than	to heve occurred on the date stated above, at 10:20 R. M.
54 11	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dale deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) Balt (State or country)  13. NAME Richard Myers  14. BIRTHPLACE (city or lown)	sper occu		paimany on sole of foot, with met actases in spinel cont and probably  Other Contributory Causes of Importance:  Click and herricage  Name of operation Remark of Fayers
(State of country) Gel.II	any		What test confirmed diagnosis all tological left westhere an autopsy?
15. MAIDEN NAME Antonette 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Henry J. 7	ıan <b>y</b>	p	23. If death was due to axiernal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address) Perry Hall			
18. BURIAL, CREMATION, OR REMOVAL Place St. Josephs Ce		n. 4,1931	Manner of Injury
19. UNDERTAKER Frederick & (Address) 7401 Belair	Road	undan	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1/2 , 19.32 A	a. Hats	M. D	(Signed) Zelen M. M. (Address) M. Leu Kingh

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis SECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FEB 2 1934	July 5,1927	Peritonitis	3 days ago	
HUPPAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ORD

12, 402 02 22.22.2	14169	
PLACE OF DEATH	ST	ATE OF MARYLAND
County Ballimore	(159) CER	TIFICATE OF DEATH
A		Registration Dist. No. 34
Village or City mys mellano. ms	St.:	(16.1 - 1)
2FULL NAME Baby Girl	Tourbangh	Ward)  (If death occurred a hospital or institution, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE	RTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month) (Day) (Year)
DATE OF BIRTH Les 12th, 1931		FY, That I attended the deceased for
(Month) (Day) (Year) 7 AGE [If LESS tha		on 12 , 192
I dayhr		
yrsds. or 5 min		lease - 5 months
B OCCUPATION (a) Trade, profession or		whom
particular kind of work		**************************************
(b) General nature of industry business, or establishment in	***************************************	
which employed or (employer)		(Duration)yrsmos.,
BIRTHPLACE (State or country)	Contributory Secondary	
1 10 NAME OF	_	(Duration) yrd. Japos
FATHER	(Signed)	Jafff N
11 BIRTHPLACE	- 12/1/2- 1923/ (Addre	10) Nickh kes brown ne
Z (State or country)		Causing Death, or, in deaths from Means of Injury and (2) Whether idal.
12 MAIDEN NAME		
		E (For Hospitais, Institutions, Tr
of MOTHER Justice unlaugh		
	ients or Recent Residents) At place	In the
OF MOTHER Jumbaugh	At place of deathyrsmosc	ln the Stateyrsmos
OF MOTHER  13 BIRTHPLACE  OF MOTHER  (State or Country)  MASSIMANA	At place of death	ls. Stateyrsmos
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death	ls. Stateyrsmos
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	At place of death yrs	ls. Stateyrsmos
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place of death	is. State yrs. mos

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-(b) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need (Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; Examples: Accidental drowning; Struck by railway train— Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory valvular Always qualify all heart not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 14170
1. PLACE OF DEATH	930
County OB alternove	Registration Dist. No.
Village or City Catonsulle, md.	No. Strang Sweet Stal Hardes Wa (If death occurred in a hoppital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	
2. FULL NAME Mrs Wil helming War	Sell
(a) Residence: No. 5500 Wayne Quenue. Wasal place of abode)	St., Ward. Baltemore MJ  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /2
5a. If married, widowed, or divorced HUSBAND of Charles Wandell	22. I HEREBY CERTIFY. Thet I attended deceased from Quy. 29 , 1931, to blee 14 , 193
6. DATE OF BIRTH (month, dey, end year) 7 els 28,1850	I last saw fier alive on Mee . 1 4 , 19 ; death is si
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
ormin.	were as follows: Date of one
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Udustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Aypostati Framona
10. Date deceased last worked at this occupation (month end year) spent in this occupation	
12. BIRTHPLACE (city or town) Philadelphia, Pomia	Other Cantributary Causes of importance: Chronic mysecarditis
(State or country)	- Serility (
13. NAME Jacob Deminger	
14. BIRTHPLACE (city or town) Surmany (State or country)	Name of operation
Control of the Control	Whet test confirmed diagnosis? Was there en autopsy?
	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? Dete of injury 19
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
Mars Cassia Man Desa on	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 5.500 Warne Quenue	•••
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Comma Date Date Que 9 , 195	Nature of injury
19. UNDERTAKER / hilly Herwig	24. Was disease or injury in any wey related to occupation of deceased?
(Address) 2016 Collows J. A.	If so, specify P
20. FILED 19 19 19 19 19 19 19 19 19 19 19 19 19	(Signed) Maray M
If more blanks are not blank to the state of	(Address) OXO WS IV. O IV. O IV. O IV. O IV. O IV. OXO IV. OX

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Exa	imple I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of oriset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1 JAN 5 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BURBAU	. k2. 5		
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

)	PHYSI	d. Exac	
COO.	EXACTLY,	17 classifle	ficate.
	stated	proper	of certi
	N. B Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI.	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exac	statement of OCCUPATION is very important. See instructions on back of certificate.
11111	B Every ite	CIANS 6	stateme
)	Z		

	PLACE OF DEATH	STATE OF MARYLAND
	County Baltimore	CERTIFICATE OF DEATH
		Registration Dist. No. 3-3
	7 - 10	
Vi	Mage or City Ourngs hullo (No.	St.: Ward) (If death occurred in a hospital or institu-
	000 + 00.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAME Alberta Else	Harrington stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
1	MARRIED. Single WIDOWED. Single OR DIVORCED	Dec 16, 1931_
-0	(Write the word)	(Month) (Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	July 27 1927	Dec 8 1931 to blec 16, 1931.
	(Month) (Day) (Year)	that I last saw h w alive on Dec 16, 1921,
7	AGE If LESS than	and that death eccurred on the date stated above, at /// 53 frm.
	11 4 19 I day hrs.	The CAUSE OF DEATH * was as follows:
1_	4 yrs. 4 mos. 79 ds. or min.?	· · · · · · · · · · · · · · · · · · ·
100	a) Trade, profession or Innate; Rosewood	Lobar Treumonia
F	particular kind of work	l (Right middle lobe)
12 3	b) General nature of industry pusiness, or establishment in A worms hullowhell had	9.
SO	which employed or (employer)	(Duration)yrsmos
9 1	BIRTHPLACE	Contributory Secondary
	(State or country) Maryland	(Duration) yrs mos ds.
	10 NAME OF	(Signed) George C, medaing M. D.
	FATHER Hilliam Harringtone	blec 16 1939 (Address) Owing Swill his
က္	OF FATHER	
E N	(State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ARE	OF MOTHER Stage Prances Phillip	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
P	access, and the first	ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER HOLD CAMPAGE	At place of deathyrs. 5 mos. 14 ds. In the 4 yrs. 4 mos. 19 ds.
	(State or country)	Of death and the second of the
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, at Place of weath
	Institutional Records,	Former or usual residence Salisbury and
	(Informant) Rosewood State I raining	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) School owings mills, and	Ruse would be water Dec 18 1031
-	Slanca 1 -	20 UNDERTAKER ADDRESS
15	Filed Chc 19 1951 A.M. Hade	NTICO NI
-	Registrat	of toleno room Renderdown
	If more blanks are needed, address State Registical	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, Architect, Locomotic engineer, whatever, write None. Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemie cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

RECEIVED

answered in detail, it will prevent further correspondence.

Allthe

data is essential and must be obtained before the certificate is

permanently filed.

approved by Committee on Nomenclature If this certificate is looked over thoroughly and all questions tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary "Atrophy," "Collapse," "Coma," "Convulsions, cough; or intercurrent) Chronic valvular heart discase; Example: Measles (disease affection need not be etc. The contributory Measles;

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	(31)
county Calternot	Registration Dist. No.
Village De City Catonsulle Opres	Not ove Stale Ho petast, Was If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	
2. FULL NAME Shy N. Waters	
(a) Residence: No. 40 3 augusta aug	St., Ward Galtenar Md
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH
Mile While OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If matried, widowed, or divorced HUSBAND of (or) WIFE of Larah Coalar	22. HEREBY CERTIFY, That I attended deceased for the state of the stat
6. DATE OF BIRTH (month, dey, and year) Ruch 11/1841	I last sew h elive on See 8, 1931; deeth is
7. AGE Years Months Deys If LESS than	to heve occurred on the dete stated above, et
90 8 27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
8 Trade, profession, or particular kind of work done, as SPINNER, lea Captain SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, es SILK MILL. According to Date decessed last worked et  11. Totel time (years)	Ohr Endocardity 92
this occupetion (month and spent in this occupetion  12. BIRTHPLACE (city or town) Hougheswill	Dither Contributory Causes of Importance:
(State or country)	Chr. M. Nephretis 92
13. NAME Geow. Wales	04
14. BIRTHPLACE (city or town) (State or country)	Neme of operation
a la maria de la como	What test confirmed diegnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  State or country)	Accident, suicide, or homicide? Dete of injury 19
State or country)	Where did injury occur?
17. INFORMANT GRO H Wallers Jon (Address) 403 Quesus La Clare de miss	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner ol injury
Place 2 muc 12 year Date 1 1991	Nature of injury
19. UNDERTAKER 4. THO COMMENT OF THE	24. Was disease er injury in any way releted to occupetion of deceased?
20. FILED Ma 19. Alfonda	(Signed) Uset E. Farret

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1661			
Other contributory causes of importance	9)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

information should be ca state CAUSE OF DEATH OCCUPATION is very imp

-WRITE PLAINLY

### ORD. Very item of PHYSICIANS should Exact statement of IK—THIS IS A PERMANENT RECORD. AGE should be stated EXACTLY PHTS so that it may be properly classiff Excituctions on back of certificate. See instructions NFADING INKca Ily supplied. ATH in plain terms, simportant. See inst

CERTIFICAT	E OF DEATH 92-00
1. PLACE OF DEATH. CITY OF BALTIMORE: No. Tow Low	Registered No
2. FULL NAME Alfander Of abode  (a) Residence: No. 133 Ches place of abode	ward.  (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Watkins	21. DATE OF DEATH (month, day, year) Dec., 36, 193/ 22. I HEREBY CERTIFY, That I attended deceased from 1931, to 26, 193/ I last saw h alive on 26, 193/ death is said
6. DATE OF BIRTH (month, day, year) 867 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The principal cause of death and related causes of importance were as follows:  Date of onse
sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Other contributory causes of importance:
I2. BIRTHPLACE (city or town).  I3. NAME  I4. BIRTHPLACE (city or town).	Name of operation. Date of
(State or country)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   (State or country)   16. BIRTHPLACE (city or town)   17. BIRTHPLACE (city or town)   18. BIRTHPLACE (city or town)	23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT AND CALLAS TO THE CARD CONTROL OF THE MOUNT	Specify whether injury occurred in industry, in home, or in public place.  Manner of injury  Nature of injury
19. UNDERTAKER Byon Aught (Address) 12/1 Hele Colchyst	24. Was disease or injury in any way related to occupation of deceased?
20. FILED See If 1831 Win Figure	(Assens) 2,3 29 Levelor am

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Example I	The street	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAM 7 1902	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
		*	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD. Every item of infor-N.B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

	AND—CERTIFICATE OF DEATH 14174
1. PLACE OF DEATH	(82:0)
County Dallo	Registration Dist. No. 30
Village or City Palmount	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyr	
2. FULL NAME GOOGE	C Mahrs.
(a) Residence: No. 919 101 Keek	lands Wardelly hed
(Usual place of abox	ode) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	LARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (write)	
a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Well  One  Well  One  One  One  One  One  One  One	22. I HEREBY CERTIFY, That I attended deceased fr
DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is s
. AGE Yaars Months Days I	If LESS than to have occurred on the date stated abova, atm.
	lay,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trada, profession, or particular	Date of one
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	a III A
J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Lere Grae Vrue or hoes
SAW MILL, BANK, etc	reare)
this occupation (month and spant in the year)	his
2. BIRTHPLACE (city or town) Levenary (State or country)	Other Coutributory Causes of importanca:
13. NAME  14. BIRTHPLACE (city or town).	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
7. INFORMANT / L. L. CADORES	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR KEMOVAL	Mannar of Injury
Place Appellem Date 12-31	Nature of injury
9. UNDERTAKER m. J. Julkus (Address)	24. Was disease or injury In any way related to occupation of deceased?
0. FILED 14	les (Signed) Light Howell M
100 21	Registrar. (Address) Calons totlle The

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and rel of importance were as follows:	ated causes	Date of onset	The principal cause of death and related causes	Date of onset
227007000000		1915	of importance were as follows:  Attack of epilepsy	1 week ago
Chronic interstitial nephritis	N 5 1090	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1002	July 5,1927	Peritonitis	3 days ago
BUT	LEAU V	3.		
Other contributory causes of imports	ance:	W 655-	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CORD

--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PL

2

	141.75
PLACE OF DEATH Hawan Sodge,	STATE OF MARYLAND
County Bastings County	CERTIFICATE OF DEATH
	Registration Dist. No. 30
Village or City Solve No. 1/2	Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE.  MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 1981
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that last saw her alive on December 11 , 1981 ,
7 AGE  SH yrs. 7 mos. 80 ds. or min.?	and that death occurred on the date stated above, at 10:30 p.m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Carcinomo J Dadder
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion) yrs mos ds.
10 NAME OF FATHER Trank Cheresood	(Signed). Alie toxlosy M. D.
11 BRTHPLACE OF FATHER	1921 (Address) Joseph on In deaths from D
Z (State or country) Plane	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Emily Baison	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrsds. In the Stateyrsds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Julia tarley (T.D.	19 BOACE OF BURIAL OR REMOVAL DATE OF BURIAL
· (Address) Has Down Sodop Patersials, Md.	Fonder Hark ()00) 14, 1931
Filed 192 Registrar	20 UNDERTAKER ADDRESS PLANE OF THE COMMON PARTY
If more blanks are needed, address State Register	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as  $\nu uy$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, cough; or intercurrent) affection need not be Committee on Nomenclature Chronic valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TO A OLI OLIVE VINIO ATIMIT LITTLE VILLE DELIGITI
de Realisance effection of blingde meltermeder for met les

V. S. No. 1

		14176
	PLACE OF DEATH	STATE OF MARYLAND
C	ounty Balto.	CERTIFICATE OF DEATH
		Registration Dist, No.
Vill	2FULL NAME Wick	tion, give its NAME is -
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE   5 SINGLE.	TO DATE OF TAXABLE PARTY.
21	vale white of bridge (Write the word)	Alec 14 , 1921.
6 D	ATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
0 0	19-14 .921	
	(Month) (Day) (Year)	that I last saw halive on, 192,
7 A	If LESS than	and that death occurred on the date stated above, at 7 20 P.m.
	Still form. I day hrs.	The CAUSE OF DEATH * was as follows:
	yrs. mos. ds. or min.?	remature (3/2 mo)
(a	Trade, profession or	Julianie (3/2 mo)
	rticular kind of work	
bu	siness, or establishment in aich employed or (employer)	(Duration)yrsmosds,
	RTHPLACE (State or country) Sharrows (I+. rud)	Contributory Secondary
-	10 NAME OF	(Duration) yrsde,
	FATHER Ofto Wickman.	(Signed) Alex 14 121 (Address) Spherows Pr. Jud
S	OF FATHER B - 17	active the Disease Couring Death on in deaths from
ENTS	(State or country) 13 acco.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Esther Redewan.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ionts or Recent Residents)
	of MOTHER (State or Country) Batto. W.	At place of deathyrsmosds. In the Stateyrsmosds.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	ATTA Williams	Former or usual residence
	(Address) Sparrows Going . hid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PURIAL PROPERTY PORTION OF BURIAL
15	Filed DEC 16 1931 Gf. My Comstally	20 UNDERTAKER ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Caal minc, etc. Womstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g. ged in domestic service for wages, as Servant, Cook, Housemaid. etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, the first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, For many occupations a single word or term on be used only when needed. As examples: (a) (b) Cotton mill; (a) Salesman. (b) Grocery: man, (b) Automobile factory. The material Stationary fireman, etc. But in many

Strtement of Gause of Death—Name, first, the Disease of Using Drath (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pheumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Ilaemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Enaustion," "Heart failure,
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mcrely symptom-"Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the or intercurrent) affection need not be Chronic Carcinoma, Sarcoma, etc., of valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state Every item of infor-Exact statement of OCCUPA-ORD. mation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED . WI -WRITE PLAINLY

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14177
1. PLACE OF DEATH	3
County County	Registration Dist. No.
Village or City Codgemus	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How look in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Still form sufa	ur (Williams)
(a) Residence: No. Edgemus	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Sungle  3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Sungle	21. DATE OF DEATH DEC 9 Th (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) DEC 9. 1931	I last saw halive on
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were es follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  11. Total time (years)	Otell Trompendant
Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc.	( making ( 2 mas)
this occupation (month and spent in this	
12. BIRTHPLACE (city or town) 77 62genue	Other Contributory Causes of Importance:
(Stete or country)	
13. NAME MUNICAY Z. Nillians  14. BIRTHPLACE (city or town) Q.C.	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Mayans Co Denna  16. BIRTHPLACE (city or town)  State or couples	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Margares E. Williams	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION STOMOVAL PIECEUT TO Johns Hopsens ,19	Manner of injury Nature of injury
19. UNDERTAKER and Atom. Lat. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED DEC 10, 1931 G HOLOMINESON. Registrat.	(Signed Homile McComics M. C. (Address) Opamino on
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

## UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFATT			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gotroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLA

/•		14128
PLACE OF DEAT	H	STATE OF MARYLAND
County Hal	lenore	CERTIFICATE OF DEATH
DA		Registration Dist, No.
Village or City Alana 2FULL NAME	Eurily	St.: Ward)  St.: Ward)  A hospitel or institt tion, give its NAME is stead of street an number.)
PERSONAL AND S	TATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR C	MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH LEW 20th 193/
6 DATE OF BIRTH	(Write the word)	(Mooth) (Day) (Year)
6 DATE OF BIRTH	Unknom.	192 to
600000000000000000000000000000000000000	(Mooth) (Day) (Year)	that I lest saw halive on, 192
7 AGE	If LESS than I dayhrsds. ormin.?	. The CAUSE OF DEATH * was as follows:
(b) General nature of indubusiness, or establishment which employed or (employ 9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE	in	(Signed)  (Signed)  (State the Discase Causing Death, or, in deaths from Violent Causes, state (I) Meaos of Iojury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Parisents or Recent Residents)  At place of death yrs mos, ds.  Where was disease contracted, if not at place of death?  Former or
(Informant) Sh	no filmen	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Hospie Chane Howard Dec 23., 193

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salcsman. (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Warasums,
"ITraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I	Example II	
The principal cause of death and related causes Date of onset of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis fq15	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cercbral hemorrhage July 1927	Peritonitis	3 days ago
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,1925	Gastroenteritis	1 year

0 .	ADDITIONAL PACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Body m	additional spaces for further statements by Physician and by Governor Emony V. Burson	
Cochenge	reles Aid, who decided are in-	
grest	surecessary.	
		4
	Edow m Quel M. D.	

supplied. AGE should be stated EXACTLY. PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully -WRITE PLAINLY, WI

V. S. No. 1

THE P.

				the A a least the
STATE OF	MARYLAND—CERTIFICATE	OF	DFATH	1411
OIAIL OI	MIANTEAND CENTILICATE			2 2 2

Village or City   19   10   10   10   10   10   10   10	1. PLACE OF DEATH	92-0) 31	
Length of sesidence in city or town where death occurred 10 yrsmos. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. ds. ds. ds. ds. ds. ds. ds. d	County Dollinge	Registration Dist. No.	
Length of sesidence in city or town where death occurred 10 yrsmos. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. How tong in U. S. If of foreign birth? 10 yrsmos. ds. ds. ds. ds. ds. ds. ds. ds. ds. d	Village or City Storywood Hoto - I rodlan	> No: 0. St. V	Ward
2. FULL NAME  (a) Residence: No. (Usus) place of about 1. (Caus)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR, OR RACE  5. SINCE. MARRIED, WINDOWSD.  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  1 Interest of the day of the da	1 1/2 (11	death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence: Now (Usualpace of abody (Usualp	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?	ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR, OR RACE  5. SNOCLE, MARRIED, WIDOWED, OR DIVOGED (winis the yord)  5. If married, widowed, or divocred Gray Oriet of Color, Or Act of Color, Oriet of	2. FULL NAME Clara our ho	Elgren,	
PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4, COLOR, OR RACE 5, SNICLE, MARRIED, WIDOVED, OR DIVOYABO, Complete by ord	(a) Residence: North alex Pead Lean Lean	tst. 4 Coward	
3. SEX 4. COLOR OR RACE OR DVONGED (write the word)  5. If married, widowed, or divorced (month)  5. If married, widowed, or divorced (or) wife to word)  6. DATE OF BIRTH (month, day, end year)  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than  1 day, hrs.  1 last saw h. alive on.  22. I HEREBY CERTIFY. That I attended deceased from the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on the date stated abova, at. 9. 3. deeth is said to have occurred on th		If nonresident give city or town and State	
Sa. It married, widowed, or divorced  (Month)  (Day)  198  (Only Wife of Grand Control of Control o		MEDICAL CERTIFICATE OF DEATH	
Sa. If married, widewed, or divorced (or) wife of John John John John John John John John		21. DATE OF DEATH	
55. If married, widowed, or divorced  (B) ATE OF BIRTH (month, day, and year)  (B) ATE OF BIRTH (month, day, and year)  (C) ACE  (C) Years  (C) Months  (C) Days  (C) It LESS than to year and the date stated above, at. Y. Q. m.  (C) Trade, profession, or particular  (C) Sawyer, Bookke Feb. etc., etc., and the state stated above, at. Y. Q. m.  (C) Trade, profession, or particular  (C) Sawyer, Bookke Feb. etc., etc., and the stated above, at. Y. Q. m.  (C) Trade, profession, or particular  (C) Sawyer, Bookke Feb. etc., etc., and the profession of particular to year as follows:  (C) Date deceased last worked at the profession of particular to particular to particular to particular to particular the pennicular to particular the pennicular than the pennicular th		(Month) (Day) (Yea	r)
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than 1 day, htt or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAV MILL, BARK, etc.  10. Date Of Birth (continued in the set stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. m. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. M. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. M. htt or min.  1 last saw h. M. alive on the date stated above, at. 4. A. M. htt or min. htt o	5a. If married, widowed, or divorced		-/
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  The PRINCIPAL CAUSE OF DEATH and related above, at. 9. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	(or) WIFE of Tuston Tolbert In Plane		,
7. AGE  Years  Months  Days  If LESS than  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of enset  Nor. min.  Date of enset  Date of	7, , , , , , , , , ,		_
1 day			s sald
8. Trade, protession, or particular kind of work done as SPINNR, SAWER BOOKKEEPER, etc., p. 100 SAWER, p.			
Strade, profession, or particular as SPINNER, SAWYER, BOOKREPER, etc.  Industry or business in which work was done, as SILK MILL.  Spant in this work was done, as SILK MILL.  Spant in this occupation (month and part in this occupation)  Other Coatributery Causes of importance:  Oth		were at fallowe.	onset
SAWYER BOOKKEEPER, etc.  Industry or business in which work was done as SILK MILL.  SAW MILL BANK, etc.  10. Data deceased last worked at this occupation (month and occupation)  (State or country)  11. Total time (yeers)	kind of work done as SPINNED	Michael Glynn	
11. Total time (years) spant in this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL) Place  19. UNDERTAKER (Address)  20. FILED  21. In foat time (years) spant in this spant in the spant in this spant in the spant in this spant in the spant in the spant in this spant	SAWYER, BOOKKEEPER, etc.	+ anone Preton 193	0
11. Total time (years) spant in this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL) Place  19. UNDERTAKER (Address)  20. FILED  21. In foat time (years) spant in this spant in the spant in this spant in the spant in this spant in the spant in the spant in this spant	work was done, as SILK MILL,		
this occupation (month and was pant in this occupation year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  17. INFORMANT (Address)  18. BURIAL, CREMATION DE REMOVAL) Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  21. Specify city or town, country and State) (Signed)  22. Was disease or injury in eny way related to occupation of deceased? (Address)  24. Was disease or injury in eny way related to occupation of deceased? (Signed)  M. D.  (Address)  4. Was disease or injury in eny way related to occupation of deceased? (Signed)  M. D.  (Address)  4. Was disease or injury in eny way related to occupation of deceased? (Signed)  M. D.  (Address)	SAW MILL, BANK, etc.		
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION OF REMOVAL)  Place  19. UNDERTAKER  (Address)  20. FILED  10. Hord for town of the place	this occupation (month and spant in this/		
13. NAME   13. NAME   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BIRTHPLACE (city or town)   19. Where did injury occur?   (Address)   18. BIRTHPLACE (city or town)   19. Where did injury occur?   (Address)   18. BIRTHPLACE (city or town)   19. Where did injury occur?   (Address)   18. BIRTHPLACE (city or town)   19. Where did injury occur?   (Address)   18. BIRTHPLACE (city or town)   19. Where did injury occur?   (Address)   18. BIRTHPLACE (city or town)   19. Where did injury occur?   (Address)   18. BIRTHPLACE (city or town)   19. Where did injury occur?   (Address)   18. BIRTHPLACE (city or town)   19. Where did injury occur?   (Address)   18. BIRTHPLACE (city or town)   19. Where did injury occur?   (Address)   18. BIRTHPLACE (city or town)   19. BIRTHPLACE (city or	)	Other Coatributory Causes of importance:	
13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION OF REMOVAL  Place  Date  Date  Date  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Name of operation.  What test confirmed diagnosis?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Address)		Congestion Appointation De	20
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION OF REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. State or country  What test confirmed diagnosis? Was there an autopsy?  20. FILED  12. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Date of injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  19. Was disease or injury in eny way related to occupation of deceased?  If so, specify  (Signed)  M.D.  (Address)  M.D.  (Address)  M.D.  (Address)  M.D.  (Address)  M.D.  (Address)  M.D.  (Address)		of Jung	0
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION OF REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. State or country  What test confirmed diagnosis? Was there an autopsy?  20. FILED  12. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Date of injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  19. Was disease or injury in eny way related to occupation of deceased?  If so, specify  (Signed)  M.D.  (Address)  M.D.  (Address)  M.D.  (Address)  M.D.  (Address)  M.D.  (Address)  M.D.  (Address)	13. NAME lance Ou derson		
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION OF REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. State or country  What test confirmed diagnosis? Was there an autopsy?  20. FILED  12. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Date of injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  19. Was disease or injury in eny way related to occupation of deceased?  If so, specify  (Signed)  M.D.  (Address)  M.D.  (Address)  M.D.  (Address)  M.D.  (Address)  M.D.  (Address)  M.D.  (Address)	14. BIRTHPLACE (city or town)	Name of operation Date of	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) / Organization of deceased?  18. BURIAL, CREMATION OF REMOVAL  Place / Data Data Data Data Data Data Data Da	(State of country)	What test confirmed diagnosis?Oloneseless. Was there an autopsy?	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) / Organization of deceased?  18. BURIAL, CREMATION OF REMOVAL  Place / Data Data Data Data Data Data Data Da	15. MAIDEN NAME Christen ofloon	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) / Organization of deceased?  18. BURIAL, CREMATION OF REMOVAL  Place / Data Data Data Data Data Data Data Da	5 16. BIRTHPLACE (city or town)		
17. INFORMANT (Address)  18. BURIAL, CREMATION OF REMOVAL Place  19. UNDERTAKER (Address)  20. FILED  17. INFORMANT (Address)  18. BURIAL, CREMATION OF REMOVAL Data  19. UNDERTAKER (Address)  20. FILED  10. INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  19. UNDERTAKER (Address)  16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  19. UNDERTAKER (Address)  16. So, specify (Signed) (Signed) (Address)	E 1 (State or country)	Where did injury occur?	
(Address) 10 y word 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17 INFORMANT hus Suster H. [ Lever del	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE	
Place M Olice / Hourd Date Date Nature of injury  19. UNDERTAKER A Land Company (Address)  24. Was disease or injury in eny way related to occupation of deceased?  If so, specify Company (Signed)  (Address) 4 5 0 9 February M.D.  (Address) 4 5 0 9 February M.D.		, , , , , , , , , , , , , , , , , , , ,	
Place M O Company Date Date Nature of injury  19. UNDERTAKER 2.4. Was disease or injury in eny way related to occupation of deceased?  (Address) 1	18. BURIAL, CREMATION OF REMOVAL	Manner of injury	
19. UNDERTAKER  (Addless)  24. Was disease or injury in eny way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	Place Mr O Che, 1 Cand Date Date 193/		
20. FILED 1934 M N. Bup fur (Signed) (Address) 4 5 0 9 February Hands	7.1.1.1.		
20. FILED 2/26/, 193/ Mn. Phop few (Signed) (Address) 4 5 09 February H.D.			
Registrar. (Address) 4 309 Februty Hack	12/2/1/ 2 mm / 17 -		
	7	1-09 1	M. D.

## UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I			- 1	Example II	
The principal cause of death of importance were as follow	and relat	ed car	1863	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	A	=======================================	>	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. >	13	b	1921	Run over by street car	1 week ago
Cerebral hemorrhage	4	30	AL	July 5,1927	Peritonitis	3 days ago
Other contributory causes o	f importan	ce:	0.00		Other contributory causes of importance:	
Gallstones	. 4		0.9	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PL

1 PLACE OF DEATH					14181	STATE OF M	
	e or City	Raspeburg, R.	ine Worle	Necessaria	(3)	Registration	Dist. No. 43
		AL AND STATISTIC		LARS	ME	EDICAL CERTIFICATE	OF DEATH
3 SEX	emale	White	5 SINGLE, MARRIED, WIDOWED OR DIVORCI (Write the wo	Married ED ord)	16 DATE OF D	EATH December 9th (Month) EBY CERTIFY, That I at	
6 DAT	E OF BIR	January	<b>7</b> th	, 1 868	August	13th 192 30 to Dec	
	UPATION	(Month)		If LESS than I dayhrs.	The CAUSE OF	occurred on the date state DEATH & was as follows: Cardiac Insuffice	
(b) General nature of industry business, or establishment in which employed or (employer)				Contributory	Chronic Interst	itial Nephriti	
_	NAME OF FATHER	Joseph Kl	ein		(Signed)	0 · L. Miling 19231 (Address) 5713	u. lilkinson.
ENT	OF FATHER (State or country) Germany					ne Disease Causing Death les, state (1) Means of Inj duicidal or Homicidal.	
PA	OF MOTHER				At place of death yrs.	. mos da. In the	
(h	(Address	Miss Kate Wo	rlein	Indor*: 0.00:00.00.00.00.00.00.00.00.00.00.00.00	Former or usual residence	Redlema C	DATE OF BURIAL
File				/		ETE ///	ADDRESS

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

ployed, as At \*chool or At home. Fare should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement.
Never return "Laborer," "Foreman." "Manager." "Dealtion applies to each and every person, irrespective of capation is very important, so that the relative health business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the bisease causing bearing zaged in domestic service for wager, as Servent. Cook definite salary), may be entered a. labores, Farm labores, Lubores-Coal mine, etc. Wom. "pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; rhould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The ques-Whatever, write None. wired 6 yes.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occ. pations of persons enhousehold only (not paid Househoupers who receive a (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of ocelc. For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Housewife, House-As examples: (a) The material

Atmendence of Lause of Death—Name, first, the pismass causing death (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Gerebroughout fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (uvoid use of "Croup"): Typhoid fever (never report "Typhoid incumenta"): Lobar pneumonia, Bronchopneumonia ("Preumonia,"

> Nomenclature of the American Medical Association.) nead of "contributory." quences (e. g., sepsis, telanus) may be stated under the symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of train-acoident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlon," "Heart causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men ture of the injury, as fracture of skull, and conse Examples: Accidental drowning; Struck by railway State cause for which surgical operation was undervulsions," "Debility" ("Congenitul," "Senile," etc.), (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; Poisoned by carbolic acid-probably suicide. The naof cause of death approved by Committee on .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY (Recommendations on state-Example: Meusles etc. failure." "Haemor-The contributory (disease (second-(merely not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

1932

14182 PLACE OF DEATH

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 37

FULL NAME affect W 3 in	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Lecule 3 0, 193 (Year)
(Mghth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw have alive on 192 3
AGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(b) General nature of industry husiness, or establishment in which employed or (employer)	Clerk reflection (Duration) 2 yrs. mos ds
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  OF FATHER	(Signed) 30 (Address) Cake sulle the
(State or country)  12 MAIDEN NAME OF MOTHER  White	*State the Discase Causing Death, of in deaths from Violent Causes, state (1) Means of Inful and (2) whether Accidental, Suicidal or Homiddal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos. ds. State yrs ds. Where was disease contracted,
(Informant) (Address) (Address) (Address)	if not at place of death?  Former or usual residence
5 E 1 10 1 30 105 1 3 13 13 14 14	20 UNDERTABLE

If more banka are needed, addross Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1 50.00

WRITE

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H UNFADING INK---THIS MARGIN RESERVED

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook er," etc., without more recommend mine, etc. Wom-laborer Farm leborer, Laborer—Coul mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples : (a) additional line is provided for the latter statement; it sary to know the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return 'Laborer,'" 'Foroman," 'Manager," 'Dealnature of the business or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons Foreman, 6 yrs). For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The (a) the kind of work and also (b) the Stationary fireman, ste. But in many not gainfully omm. terial engineer, Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> telanus) may be stated under the head of "contributory carpolic acid-probably suicide. The nature of the injury (Recommendations on statement of cause of death approved by Committee on Nomenclature of the "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, American Medical Association.) as fracture of skull, and consequences (e. g., sepses, actident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarconu., etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping .... (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage cough; Chronic Example: Mcastes (disease affection necd valeular heart discuse etc. The contributory Always qualify all Measles not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently fied.